# Case 2:18-cv-00924-PD Document 15-7 Filed 05/03/18 Page 1 of 67

DATE: 11/03/16 USER: MT	@ 0002		erald Hospital Administration		PAGE 201
Account Number Age/Sex	UGA OLUTOKUNBO FA1307223009 37/M DIS IN	Location Room Bed		Octor LITTMAN, MARIO Unit Number Registered Date Discharged Date	F001250247 = 10/07/16
EFUNNUGA, OLUTO	KUNBO	FA13072	23089	(Cont:	inued)
10/28/16 08: (10/28/16) (09:		Y MG		1	0.00
10/29/16 09 (10/29/16) (09		A A		1	0.00
10/30/16 08 (10/30/16) (09		Y MG		1	0.00
10/31/16 08 (10/31/16) (09		Y MG		1	0.00
11/01/16 10 (11/01/16) (09	36 FIHALLAM 00) Dose: 100 N	A A		1	0.00
Admin Totals				7	0

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 202 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Location FI4PVA F001250247 Account Number FA1307223089 Unit Number Registered Date 10/07/16 Age/Sex 37/M Room 411 DIS IN Bed 02 Discharged Date 11/01/16 Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) MULT-136 - MULTIVITAMINS TABLET 1 TAB (1 TABLET) Admin Route PO Start Date 10/26/16-0900 Stop Date None DC Date 11/01/16-2054 Ordering Doctor MANN, RUPINDER K MD Total Dispensed 7 Total Costs \$0.21 Total Charges \$7.35 Rx Number 001894443 Discontinue Comments DC'd by Discharge History 10/26/16 0715 - POM ORDER by COMANNR 10/26/16 0717 - VERIFIED by FIANDERC 10/26/16 0953 - DEBIT by DGILMAN ITEMS: 1 DOSES: 1 10/27/16 0816 - DEBIT by MMAXWELL ITEMS: 1 DOSES: 1 10/28/16 0828 - DEBIT by NCARTER ITEMS: 1 DOSES: 1 10/29/16 0840 - DEBIT by MHALLAMY ITEMS: 1 DOSES: 1 10/30/16 0731 - DEBIT by ABLEILER ITEMS: 1 DOSES: 1 10/31/16 0845 - DEBIT by KMOSLEY ITEMS: 1 DOSES: 1 11/01/16 1024 - DEBIT by MHALLAMY ITEMS: 1 DOSES: 1 11/01/16 2055 - DISCONTINUE by DISCHARGE Eff: 11/01/16 2054 FROM: DC COMMENTS: TO: DC COMMENTS: DC'd by Discharge Given Baq Reason Code Admin Date Time User Items Charge 10/26/16 1001 FIGILMAD 0.00 (10/26/16) (0900) Dose: 1 TAB 10/27/16 0826 FIMAXWEM 1 0.00 (10/27/16) (0900) Dose: 1 TAB 10/28/16 0831 FICARTEN 1 0.00 (10/28/16) (0900) Dose: 1 TAB

0.00

0901 FIHALLAM

(10/29/16) (0900) Dose: 1 TAB

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DATE: 11/03/16 USER: MT	@ 0002 M		erald Hospital Administration		PAGE 203	
Account Number Age/Sex	UGA OLUTOKUNBO FA1307223089 37/M DIS IN	Location Room Bed	•	Doctor LITTMAN, MARIO Unit Number Registered Dat Discharged Dat	F001250247 e 10/07/16	
EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued)						
10/30/16 08 (10/30/16) (09	26 FIBLEILA 00) Dose: 1 TAB	Y		1	0.00	
10/31/16 08 (10/31/16) (09	56 FIMOSLEK 00) Dose: 1 TAB	Y		1	0.00	
11/01/16 10 (11/01/16) (09	35 FIHALLAM 00) Dose: 1 TAB	Y		1	0.00	
Admin Totals				7	0	

Mercy Fitzgerald Hospital PHA \*LIVE\* DATE: 11/03/16 @ 0002 PAGE 204 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Location FI4PVA F001250247 Account Number FA1307223089 Unit Number Registered Date 10/07/16 Age/Sex 37/M Room 411 DIS IN 02 Discharged Date 11/01/16 Status Bed EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) NYST100SM - Nystatin 500 MU/5 ML SUSPENSION 500 MU (5 ML) Dose Dose Instruction SWISH AND SWALLOW Admin Route PO DC Date 10/27/16-1348 Start Date 10/26/16-1700 Stop Date None Ordering Doctor MANN, RUPINDER K MD Clinical Indication SKIN & SOFT TISSUE Total Dispensed 3 Total Costs \$2.79 Total Charges \$5.85 Rx Number 001895070 History 10/26/16 1602 - POM COPY AND EDIT by COMANNR FROM: Rx #001889974 by FILINC 10/26/16 1613 - VERIFIED 10/26/16 1806 - DEBIT by TNOGA DOSES: 1 ITEMS: 1 10/26/16 2121 - DEBIT by MMCGILL DOSES: 1 ITEMS: 1 10/27/16 0819 - DEBIT bw MMAXWELL ITEMS: 1 DOSES: 1 10/27/16 1350 - DISCONTINUE by COGILBEM Eff: 10/27/16 1348 EDIT DOCTOR: GILBERT, MARK, MD EDIT SOURCE: Provider Source Admin Date Time User Given Bag Reason Code
10/26/16 1746 FINOGAT Y Items Charge 0.00 (10/26/16) (1700) Dose: 500 MU 10/26/16 1848 FINOGAT 1 0.00 (10/26/16) (2100) Dose: 500 MU 0.00 10/27/16 0826 FIMAXWEM 1 (10/27/16) (0900) Dose: 500 MU 1300 FISTASKJ DC 10/27/16 N (10/27/16) (1300) Dose: 0 MU

Admin Totals

0

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 205 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 DIS IN Bed Discharged Date 11/01/16 02 Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) ACET325T10 - Acetaminophen 325 MG TABLET (TYLENOL) 650 MG (2 TABLETS) Dose Admin Route PO Frequency Q4H (PRN) PAR= PRN REASON: FEVER OR PAIN 1-3 DC Date 11/01/16-2054 Start Date 10/27/16-0830 Stop Date None Ordering Doctor IRIARTE OPORTO, BLANCA E MD Total Costs \$0.33 Total Charges \$23.10 Total Dispensed 22 Rx Number 001895580 Discontinue Comments DC'd by Discharge History 10/27/16 0822 - POM ORDER by COIRIATB 10/27/16 0827 - VERIFIED by FIANDERC 10/27/16 0845 - DEBIT by MMAXWELL ITEMS: 2 DOSES: 1 10/29/16 0437 - DEBIT by JAEKIM ITEMS: 2 DOSES: 1 10/29/16 1709 - DEBIT by MHALLAMY ITEMS: 2 DOSES: 1 10/30/16 0613 - DEBIT bw KSKANE ITEMS: 2 DOSES: 1 10/30/16 1531 - DEBIT by ABLEILER ITEMS: 2 DOSES: 1 10/30/16 1904 - DEBIT by ABLEILER ITEMS: 2 DOSES: 1 10/31/16 0026 - DEBIT by DTAGOE ITEMS: 2 DOSES: 1 10/31/16 0628 - DEBIT by DTAGOE ITEMS: 2 DOSES: 1 10/31/16 1901 - DEBIT by KMOSLEY ITEMS: 2 DOSES: 1 11/01/16 1324 - DEBIT by MHALLAMY ITEMS: 2 DOSES: 1 by MHALLAMY 11/01/16 1729 - DEBIT ITEMS: 2 DOSES: 1 11/01/16 2055 - DISCONTINUE by DISCHARGE Eff: 11/01/16 2054 FROM: DC COMMENTS: TO: DC COMMENTS: DC'd by Discharge Admin Date Time User Given Baq Reason Code Items Charge 10/27/16 0851 FIMAXWEM Y

Dose: 650 MG

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DATE: 11/0 USER: MT	3∕16 @ 0002		erald Hospital Administrati		PAGE 20
	FUNNUGA OLUTOKUNEC Laber FA1307223089 37/M DIS IN	Location Room Bed		Doctor LITTMAN, MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
EFUNNUGA, O	LUTOKUNBO	FA13072	23089	(Contin	ued)
10/29/16	0444 FIKIMJ Dose: 650	Y MG		2	
10/29/16	1709 FIHALLAM Dose: 650	y Mg		2	
10/29/16	1821 FIHALLAM Dose: 650	n Mg			
10/30/16	0615 FISKANEK Dose: 650	Y Mg		2	
10/30/16	1531 FIBLEILA Dose: 650	Y Mg		2	
10/30/16	1906 FIBLEILA Dose: 650	Y Mg		2	
10/31/16	0032 FITAGOED Dose: 650	Y MG		2	
10/31/16	0648 FITAGOED Dose: 650	Y Mg		2	
10/31/16	1902 FIMOSLEK Dose: 650	Y Mg		2	
11/01/16	1331 FIHALLAM Dose: 650	Y MG		2	
11/01/16	1735 FIHALLAM Dose: 650	Y MG		2	
Admin To	otals			22	

Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 207 DATE: 11/03/16 @ 0002 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Location FI4PVA Account Number FA1307223089 Unit Number F001250247 Age/Sex 37/N 411 Registered Date 10/07/16 Room Discharged Date 11/01/16 DIS IN Bed 02 Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) CARV3.12 - CARVEDILOL 3.125 MG TABLET 3.125 MG (1 TABLET) Dose Instruction Hold for SBP <100, HR<60 Admin Route PO Stop Date 10/27/16 2100 DC Date 10/27/16-2100 Start Date 10/27/16-2100 Ordering Doctor JILANI, ABUBAKER K MD Total Costs \$ Total Charges \$ Total Dispensed 0 Rx Number 001895875 History 10/27/16 1319 - POM ORDER by COJILANA 10/27/16 1320 - EDIT by COJILANA EDIT DOCTOR: JILANI, ABUBAKER K MD EDIT SOURCE: Provider Source FROM: START: 10/27/16-2100 STOP: None SOFT STOP:

by SYSTEM

by COJILANA Eff: 10/27/16 2100

START: 10/27/16-2100 STOP: 10/27/16-2100 SOFT STOP:

10/27/16 1320 - VERIFIED

Verified in order to DC 10/27/16 1320 - DISCONTINUE

EDIT DOCTOR: JILANI, ABUBAKER K MD EDIT SOURCE: Provider Source

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 208 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 37/M Room 411 Registered Date 10/07/16 Status DIS IN Bed 02 Discharged Date 11/01/16 FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) METO25TA5 - METOPROLOL TARTRATE 25 MG TABLET (LOPRESSOR) 6.25 MG (0.25 TABLETS) Dose Instruction Hold for SBP<100, HR<60 Admin Route PO Start Date 10/27/16-2100 Stop Date None DC Date 11/01/16-2054 Ordering Doctor JILANI, ABUBAKER K MD
Total Dispensed 10 Total Costs \$0.50 Total Charges \$10.50 Rx Number 001895879 Discontinue Comments DC'd by Discharge History 10/27/16 1320 - POM ORDER by COJILANA 10/27/16 1325 - VERIFIED by FILINC 10/27/16 2145 - DEBIT by JDESALVO ITEMS: 1 DOSES: 1 10/28/16 0827 - DEBIT by NCARTER ITEMS: 1 DOSES: 1 10/28/16 2118 - DEBIT by JAEKIM ITEMS: 1 DOSES: 1 10/29/16 0841 - DEBIT by MHALLAMY ITEMS: 1 DOSES: 1 10/29/16 2055 - DEBIT by KSKANE ITEMS: 1 DOSES: 1 10/30/16 0731 - DEBIT by ABLEILER ITEMS: 1 DOSES: 1 10/30/16 2015 - DEBIT by DTAGOE ITEMS: 1 DOSES: 1 10/31/16 0845 - DEBIT by KMOSLEY ITEMS: 1 DOSES: 1 10/31/16 2039 - DEBIT by DTAGOE ITEMS: 1 DOSES: 1 11/01/16 1024 - DEBIT by MHALLAMY ITEMS: 1 DOSES: 1 11/01/16 2055 - DISCONTINUE by DISCHARGE Eff: 11/01/16 2054 FROM: DC COMMENTS: TO: DC COMMENTS: DC'd by Discharge Admin Date Time User Given Baq Reason Code 10/27/16 2100 FIDESALJ N REFUSED <u> Items Charge</u> (10/27/16) (2100) Dose: 0 MG

1

0.00

10/28/16 0831 FICARTEN

(10/28/16) (0900) Dose: 6.25 MG

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PAGE 209 Mercy Fitzgerald Hospital PHA \*LIVE\* DATE: 11/03/16 @ 0002 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNEO Responsible Doctor LITTMAN, MARIO, MD Location FI4PVA F001250247 Account Number FA1307223089 Unit Number Age/Sex 37/M Room 411 Registered Date 10/07/16 Discharged Date 11/01/16 Status DIS IN Bed 02 FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) 0.00 1 10/28/16 2122 FIKIMJ Y (10/28/16) (2100) Dose: 6.25 MG 0.00 0902 FIHALLAM 1 10/29/16 (10/29/16) (0900) Dose: 6.25 MG 10/29/16 2208 FISKANEK 1 0.00 (10/29/16) (2100) Dose: 6.25 MG 0826 FIBLEILA 1 0.00 10/30/16 (10/30/16) (0900) Dose: 6.25 MG 2053 FITAGOED 10/30/16 0.00 (10/30/16) (2100) Dose: 6.25 MG 0.00 10/31/16 0856 FIMOSLEK Y (10/31/16) (0900) Dose: 6.25 MG 1 0.00 10/31/16 2106 FITAGOED (10/31/16) (2100) Dose: 6.25 MG 0.00 11/01/16 1036 FIHALLAM V 1 (11/01/16) (0900) Dose: 6.25 MG 9 Admin Totals

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 210 Medication Administration Summary USER: MT Responsible Doctor LITTMAN, MARIO, MD Patient EFUNNUGA OLUTOKUNBO Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M 411 Registered Date 10/07/16 Room Discharged Date 11/01/16 DIS IN Bed 02 Status FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) CLOT10TR2 - Clotrimazole 10 MG TROCHE 10 MG (1 TROCHE) Dose Admin Route MM DC Date 11/01/16-2054 Start Date 10/27/16-1600 Stop Date None Ordering Doctor GILBERT, MARK, MD Clinical Indication EARS, NOSE & THROAT Total Costs \$12.10 Total Charges \$35.20 Total Dispensed 22 Rx Number 001895920 Discontinue Comments DC'd by Discharge History by COGILBEM 10/27/16 1350 - POM ORDER 10/27/16 1357 - VERIFIED by FILINC 10/27/16 1559 - DEBIT by JSTASKY ITEMS: 1 DOSES: 1 10/28/16 0050 - DEBIT by AGARDOSE ITEMS: 1 DOSES: 1 10/28/16 0828 - DEBIT by NCARTER ITEMS: 1 DOSES: 1 10/28/16 2119 - DEBIT by JAEKIM ITEMS: 1 DOSES: 1 10/29/16 0841 - DEBIT bv MHALLAMY ITEMS: 1 DOSES: 1 by MHALLAMY 10/29/16 1315 - DEBIT ITEMS: 1 DOSES: 1 10/29/16 1615 - DEBIT by MHALLAMY ITEMS: 1 DOSES: 1 10/29/16 2055 - DEBIT by KSKANE ITEMS: 1 DOSES: 1 10/30/16 0133 - DEBIT by KSKANE ITEMS: 1 DOSES: 1 10/30/16 0732 - DEBIT by ABLEILER ITEMS: 1 DOSES: 1 10/30/16 1132 - DEBIT by ABLEILER ITEMS: 1 DOSES: 1 10/30/16 1525 - DEBIT by ABLEILER ITEMS: 1 DOSES: 1 10/30/16 2015 - DEBIT by DTAGOE ITEMS: 1 DOSES: 1 10/31/16 0036 - DEBIT by DTAGOE ITEMS: 1 DOSES: 1 10/31/16 0846 - DEBIT by KMOSLEY ITEMS: 1 DOSES: 1 10/31/16 1140 - DEBIT by KMOSLEY

by KMOSLEY

ITEMS: 1 DOSES: 1

10/31/16 1607 - DEBIT

DATE: 11/03/16 @ 0002 USER: MT	Mercy Fitzg Medication		ital PHA *			PAC	E 211
Patient EFUNNUGA OLUTOKUNE Account Number FA1307223089 Age/Sex 37/M Status DIS IN		_	ible Doctor	Unit Nu Register	aber red Date	MD F001250247 10/07/16 11/01/16	
EFUNNUGA, OLUTOKUNBO	FA13072	223089			(Conti	nued)	
ITEMS: 1 DOSES: 10/31/16 2039 - DEBIT ITEMS: 1 DOSES:		by	DTAGOE				
11/01/16 0010 - DEBIT ITEMS: 1 DOSES:	1	by	DTAGOE				
11/01/16 1025 - DEBIT ITEMS: 1 DOSES:		by	MHALLAMY				
11/01/16 1309 - DEBIT ITEMS: 1 DOSES:	_	by	MHALLAMY				
11/01/16 1710 - DEBIT ITEMS: 1 DOSES:	_	Ь <del>у</del>	MHALLAMY				
11/01/16 2055 - DISCONTI	_	by	DISCHARGE	Eff:	11/01/16	5 2054	
FROM: DC COMMENTS:							
TO: DC COMMENTS:							
DC'd by Discharge							
Admin Date Time User 10/27/16 1600 FISTASKJ (10/27/16) (1600) Dose: 0 M	N OT	eason Code THER		<u>Items</u>		<u>Charge</u>	
10/27/16 2000 FIDESALJ (10/27/16) (2000) Dose: 0 M		EFUSED					
10/28/16 0049 FIGARDOA (10/28/16) (0000) Dose: 10	Y MG			1		0.00	
10/28/16 0831 FICARTEN (10/28/16) (0800) Dose: 10	y Mg			1		0.00	
10/28/16 1200 FICARTEN (10/28/16) (1200) Dose: 0 M		EFUSED					
10/28/16 1600 FICARTEN (10/28/16) (1600) Dose: 0 M		EFUSED					
10/28/16 2122 FIKIMJ (10/28/16) (2000) Dose: 10	MG A			1		0.00	
10/29/16 0000 FIKIMJ (10/29/16) (0000) Dose: 0 M		EFUSED					
10/29/16 0901 FIHALLAM (10/29/16) (0800) Dose: 10	Y Mg			1		0.00	
10/29/16 1327 FIHALLAM (10/29/16) (1200) Dose: 10	Y MG			1		0.00	
10/29/16 1616 FIHALLAM	У			1		0.00	

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 212 Medication Administration Summary USER: MT Responsible Doctor LITTMAN, MARIO, MD Patient EFUNNUGA OLUTOKUNBO Location Account Number FA1307223089 FI4PVA Unit Number F001250247 411 Registered Date 10/07/16 Age/Sex 37/M Room Discharged Date 11/01/16 DIS IN Bed 02 Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) (10/29/16) (1600) Dose: 10 MG 2208 FISKANEK 1 0.00 10/29/16 (10/29/16) (2000) Dose: 10 MG 10/30/16 0134 FISKANEK 1 0.00 (10/30/16) (0000) Dose: 10 MG 0.00 0738 FIBLEILA 1 10/30/16 (10/30/16) (0800) Dose: 10 MG 10/30/16 1131 FIBLEILA 1 0.00 (10/30/16) (1200) Dose: 10 MG 0.00 1531 FIBLEILA 10/30/16 1 (10/30/16) (1600) Dose: 10 MG 2052 FITAGOED 1 0.00 (10/30/16) (2000) Dose: 10 MG 10/31/16 0036 FITAGOED 1 0.00 (19/31/16) (0000) Dose: 10 MG 0857 FIMOSLEK 1 0.00 (10/31/16) (0800) Dose: 10 MG 10/31/16 1140 FIMOSLEK 1 0.00 (10/31/16) (1200) Dose: 10 MG 10/31/16 1606 FIMOSLEK 0.00 (10/31/16) (1600) Dose: 10 MG 0.00 10/31/16 2106 FITAGOED 1 (10/31/16) (2000) Dose: 10 MG 11/01/16 0010 FITAGOED 1 0.00 (11/01/16) (0000) Dose: 10 MG 1036 FIHALLAM 1 0.00 11/01/16 (11/01/16) (0800) Dose: 10 MG 1331 FIHALLAM 0.00 (11/01/16) (1200) Dose: 10 MG 11/01/16 1710 FIHALLAM 1 0.00 (11/01/16) (1600) Dose: 10 MG Π Admin Totals 21

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 213 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37∕M Room 411 Registered Date 10/07/16 DIS IN Discharged Date 11/01/16 Bed 0.2 Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) ALTEZVIAZ - ALTEPLASE 2 MG VIAL 2 MG (1 VIAL) Dose Admin Route IV Start Date 10/28/16-1130 Stop Date 10/28/16 1131 DC Date 10/28/16-1131 Ordering Doctor JADHAV, GAURAV P MD Total Dispensed 0 Total Costs \$ Total Charges \$ **Rx Number** 001896702 Discontinue Comments Reached Stop Date History 10/28/16 1124 - POM ORDER by COJADHAG 10/28/16 1132 - VERIFIED by FIRECEVM 10/28/16 1132 - DISCONTINUE by PHABKGJOB Eff: 10/28/16 1131 DC COMMENTS: TO: DC COMMENTS: Reached Stop Date 10/28/16 1130 FIKIMJ N MIT (10/28/16) /1100 \_\_\_\_\_Items \_\_\_\_ Charge (10/28/16) (1130) Dose: 0 MG

Admin Totals

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 214 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 Status DIS IN  $\mathbf{Bed}$ 02 Discharged Date 11/01/16 FA1307223089 EFUNNUGA OLUTOKUNBO (Continued) CLON1TAB25 - clonazePAM 1 MG TABLET 1 MG (1 TABLET) Admin Route PO Frequency Q12H (PRN) PAR= PRN REASON: A/A - AGITATION/ANXIETY Start Date 10/28/16-2100 Stop Date None DC Date 11/01/16-0611 Ordering Doctor JADHAV, GAURAV P MD Total Dispensed 4 Total 0 Total Dispensed 4 Total Costs \$0.20 Total Charges \$12.40 Rx Number 001896954 History 10/28/16 1558 - POM COPY AND EDIT by COJADHAG FROM: Rx #001887372 Result of Frequency/Schedule Edit Ordering Doctor: JADHAV, GAURAV P MD Last Scheduled Administration Time: 10/28/16 - 0900 Last Actual Administration Time: 10/28/16 - 0830 Old Freq/Sch: BID (SCH) New Freq/Sch: Q12 (PRN) Old Order Stop: 10/28/16 - 1556 New Order Start: 10/28/16 - 2100 New Order Stop: 10/28/16 1605 - EDIT by FIANDERC EDIT DOCTOR: JADHAY, GAURAY P MD FROM: SIG: Q12 TO: SIG: Q12H 10/28/16 1605 - VERIFIED by FIANDERC 10/28/16 2119 - DEBIT by JAEKIM ITEMS: 1 DOSES: 1 10/30/16 1127 - DEBIT by ABLEILER ITEMS: 1 DOSES: 1 10/31/16 0907 - DEBIT by KMOSLEY ITEMS: 1 DOSES: 1 10/31/16 2112 - DEBIT bv DTAGOE ITEMS: 1 DOSES: 1 11/01/16 0612 - DISCONTINUE by COHAMIDS Eff: 11/01/16 0611 EDIT DOCTOR: HAMID, SAMMY, MD EDIT SOURCE: Provider Source Time User Given Baq Reason Code Items
2121 FIKIMJ Y Admin Date Time User <u>Charge</u> 10/28/16 Dose: 1 MG

1

10/30/16 1131 FIBLEILA

Dose: 1 MG

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 215 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 DIS IN 02 Discharged Date 11/01/16 Bed Status EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) 0906 FIMOSLEK 10/31/16 Y 1 Dose: 1 MG 10/31/16 2114 FITAGOED 1 Dose: 1 MG Admin Totals HYDR1DIS2 - HYDROmorphone HCL (DILAUDID) 1 MG/ML Dose 1 MG (1 ML) Admin Route IV Frequency Q3H (PRN) PAR= PRN REASON: pain 7-10 Start Date 10/28/16-1745 DC Date 10/29/16-1011 Stop Date None Ordering Doctor JADHAV, GAURAV P MD Total Dispensed Π Total Costs \$ Total Charges \$ Rx Number 001896956 History 10/28/16 1555 - POM COPY AND EDIT by COJADHAG FROM: Rx #001893023 10/28/16 1605 - EDIT by FIANDERC FROM: DUPLICATE COMMENT: TO: DUPLICATE COMMENT: RPH 10/28/16 1605 - EDIT by FIANDERC EDIT DOCTOR: JADHAV, GAURAV P MD MED: HYDR2DIS5 - HYDROmorphone HC1/Pf RX ID: HYDROmorphone HC1 2 MG/ML DISP.SYRIN CHARGE: \$9.50 RX COMMENTS: Order filed UNV: Allergies/Duplicates/Interactions differ from order entry TO: MED: HYDR1DIS2 - HYDROmorphone HC1/Pf RX ID: HYDROmorphone HCL (DILAUDID) 1 MG/ML CHARGE: \$9.25 DUPLICATE COMMENT: RPH RX COMMENTS: 10/28/16 1606 - VERIFIED by FIANDERC 10/29/16 1012 - DISCONTINUE by COSHETHV Eff: 10/29/16 1011 EDIT DOCTOR: SHETH, VISHAD M MD

EDIT SOURCE: Provider Source

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 216 USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 DIS IN Bed 02 Discharged Date 11/01/16 Status FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) HYDR5DIS2 - HYDROmorphone HC1 0.5 MG/0.5 ML DISP.SYRIN 0.5 MG (0.5 ML) Dose Admin Route IV Frequency Q3H (PRN) PAR= PRN REASON: pain 4-6 Stop Date None Start Date 10/28/16-1745 DC Date 10/29/16-1011 Ordering Doctor JADHAV, GAURAV P MD Total Dispensed Π Total Costs \$ Total Charges \$ Rx Number 001896957 History 10/28/16 1555 - POM COPY AND EDIT by COJADHAG FROM: Rx #001893022 10/28/16 1606 - EDIT by FIANDERC FROM: DUPLICATE COMMENT: TO: DUPLICATE COMMENT: RPH 10/28/16 1606 - EDIT by FIANDERC EDIT DOCTOR: JADHAV, GAURAV P MD MED: HYDR1DIS2 - HYDROmorphone HC1/Pf RX ID: HYDROmorphone HCL (DILAUDID) 1 MG/ML CHARGE: \$9.25 RX COMMENTS: Order filed UNV: Allergies/Duplicates/Interactions differ from order entry TO: MED: HYDR5DIS2 - HYDROmorphone HC1/Pf RX ID: HYDROmorphone HCl 0.5 MG/0.5 ML DISP.SYRIN CHARGE: \$14.00 DUPLICATE COMMENT: RPH RX COMMENTS: 10/28/16 1606 - VERIFIED by FIANDERC

by COSHETHV Eff: 10/29/16 1011

10/29/16 1012 - DISCONTINUE

EDIT DOCTOR: SHETH, VISHAD M MD EDIT SOURCE: Provider Source

PAGE 217 DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* USER: MT Medication Administration Summary Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 411 Registered Date 10/07/16 Age/Sex 37/M Room Status DIS IN Bed 02 Discharged Date 11/01/16 FA1307223089 EFUNNUGA, OLUTOKUNBO (Continued) INSU100V42 - INSULIN REGULAR, HUMAN 300 UNIT/3 ML VIAL Dose Instruction SS LOW DOSE LOW INTENSITY SCALE: Blood Glucose Coverage insulin <80mq/dL Notify House Officer and see below 80 - 149Continue Current regimen 150 - 1992 units 200 - 249 3 units 250 - 299 4 units 300 - 3495 units 350 - 4006 units Call House Officer Over 400 Notify House Officer for: A)Accu-checks <80mg/dL or >400mg/dL for evaluation and adjument of regimen. B)Change in dietary order (ex:NPO/tube feeding on hold, nausea/vomiting, <1/2 of meal eaten, etc.) C)BG<70mg/dL: a. If pt can take by mouth give 15gm of fast acting carbohydrate(4oz fruit juice/non-diet soda OR 4 glucose tabs OR 8oz non-fat milk) b. If pt cannot receive oral carbohydrates, give 50% dextrose - 25ml (1/2 amp) x 1 c.Check accu-check every 20min until>70mg/dL. Repeat above treatment (a. or b.) if <70mg/dL D)For ccu-check reading <40 or >450mg/dL, draw and send a STAT serum glucose Admin Route SUBQ Start Date 10/29/16-0745 Stop Date None DC Date 10/29/16-1010 MANZOOR, HOORIA MD Ordering Doctor Total Dispensed n Total Costs \$ Total Charges \$ Rx Number 001897251 History 10/29/16 0104 - POM COPY AND EDIT by COMANZH FROM: Rx #001879318 Result of Frequency/Schedule Edit Ordering Doctor: MANZOOR, HOORIA MD Last Scheduled Administration Time: 10/28/16 - 2300 Last Actual Administration Time: 10/28/16 - 2115 (Not Given) Old Freq/Sch: Q6 (SCH) New Freq/Sch: ACHS (SCH) Old Order Stop: 10/29/16 - 0103 New Order Start: 10/29/16 - 0745

New Order Stop:

#### Case 2:18-cv-00924-PD Document 15-7 Filed 05/03/18 Page 18 of 67

PAGE 218 Mercy Fitzgerald Hospital PHA \*LIVE\* DATE: 11/03/16 @ 0002 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 37/M Room 411 Registered Date 10/07/16 Status DIS IN Bed 02 Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) 10/29/16 0124 - VERIFIED by FISACKSM 10/29/16 1011 - DISCONTINUE by COSHETHV Eff: 10/29/16 1010 EDIT DOCTOR: SHETH, VISHAD M MD EDIT SOURCE: Provider Source Admin Date Time User Given Baq Reason Code 10/29/16 0745 FIHALLAM N GLUCOSE Items (10/29/16) (0745) Dose: 0 UNIT Admin Totals

	J3C 2.10-CV-0092	-4-1 D D00	Junioni 15-7	Filed 05/05/16	1 agc 19 01 01
DATE: 11/03/16 USER: MT	@ 0002			al PHA *LIVE* tion Summary	PAGE 219
Patient STINN Account Number Age/Sex Status	UGA OLUTOKUNBO FA1307223089 37/M DIS IN	Location Room Bed			
EFUNNUGA, OLUTO	KUNBO	FA13072	23089		(Continued)
INSU100V - INS	ULIN LISPRO 10	O UNITS/ML	(1 ML)		
Dose Instruc	LOW INT Blood G <80mg/d 80 - 14 150 - 1 200 - 2 250 - 2 300 - 3 350 - 4 Over 40 Notify A)Accu- adjumen B)Chang nausea/ C)BG<70 a. carbohy tabs OR b. dextros C. Repeat D)For G	ENSITY SCAI flucose C I Notif 9 Cont 99 49 99 49 00 0 House Office checks <80m t of regime e in dietar vomiting, < mg/dL: If pt can t drate(4oz f 8oz non-fa If pt canno e - 25ml (1 Check accu- above treat	coverage ins y House Off inue Curren 2 units 3 units 4 units 5 units 6 units Call House er for: eg/dL or > 40 m. y order (ex 1/2 of meal ake by mout ruit juice/ t milk) t receive of /2 amp) x 1 check every ment (a. or eading < 40 of	icer and see below t regimen	ion and on hold, t acting glucose give 50%
	SUBQ 10/29/16-1100 tor SHETH,V sed 0	Stop D ISHAD M MD	date None Costs \$		11/01/16-2054 harges \$
Discontinue	Comments DC'd b	y Discharge			
10/29/16 10: 11/01/16 20: FROM: DC COM! TO: DC COM!		E	by F	OSHETHV ILINC ISCHARGE Eff: 1:	1/01/16 2054

<u>Items</u>

Charge

Admin Date Time User Given Bag Reason Code

DATE: 11/03/16 @ 0002 USER: MT		tzgerald Hospi ion Administra		PAGE 22
Patient EFUNNUGA OLUTOKUN Account Number FA130722308 Age/Sex 37/M Status DIS IN		Responsible FI4PVA 411 02	le Doctor LITTMAN, MARIO, MD Unit Number F00125 Registered Date 10/07/ Discharged Date 11/01/	16
EFUNNUGA, OLUTOKUNBO	FA13	307223089	(Continued)	
10/29/16 1100 FIHALLAM (10/29/16) (1100) Dose: 0	N UNITS	GLUCOSE		
10/29/16 1630 FIHALLAM (10/29/16) (1630) Dose: 0	N UNITS	GLUCOSE		
10/29/16 2100 FISKANEK (10/29/16) (2100) Dose: 0	N UNITS	GLUCOSE		
10/30/16 0745 FIBLEILA (10/30/16) (0745) Dose: 0	и Stinu	GLUCOSE		
10/30/16 1100 FIBLEILA (10/30/16) (1100) Dose: 0	N UNITS	GLUCOSE		
10/30/16 1630 FIBLEILA (10/30/16) (1630) Dose: 0	N UNITS	GLUCOSE		
10/30/16 2100 FITAGOED (10/30/16) (2100) Dose: 0	N UNITS	GLUCOSE		
10/31/16 0745 FIMOSLEK (10/31/16) (0745) Dose: 0	n Stinu	GLUCOSE		
10/31/16 1100 FIMOSLEK (10/31/16) (1100) Dose: 0	и STINU	GLUCOSE		
10/31/16 1630 FIMOSLEK (10/31/16) (1630) Dose: 0	N Stinu	GLUCOSE		
10/31/16 2100 FITAGOED (10/31/16) (2100) Dose: 0	N Stinu	GLUCOSE		
11/01/16 0745 FIHALLAM (11/01/16) (0745) Dose: 0	N STINU	GLUCOSE		
11/01/16 1100 FIHALLAM (11/01/16) (1100) Dose: 0	N UNITS	GLUCOSE		
11/01/16 1630 FIHALLAM (11/01/16) (1630) Dose: 0	N STINU	GLUCOSE		
Admin Totals				

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 221 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Account Number FA1307223089 Location FI4PVA Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 02 Discharged Date 11/01/16 Status DIS IN Bed EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) TRAM50TA27 - traMADol HC1 50 MG TABLET 50 MG (1 TABLET) Dose Admin Route PO Frequency Q4H (PRN) PAR= PRN REASON: SEVERE - SEVERE PAIN Start Date 10/29/16-1730 Stop Date None DC Date 11/01/16-2054 Ordering Doctor JADHAY, GAURAY P MD Total Costs \$0.63 Total Dispensed 9 Total Charges \$27.90 Rx Number 001897704 Discontinue Comments DC'd by Discharge History 10/29/16 1729 - POM ORDER by COJADHAG 10/29/16 1730 - EDIT by FILINC FROM: INTERACTION COMMENT: INTERACTION COMMENT: RPH 10/29/16 1730 - VERIFIED by FILINC 10/29/16 1752 - DEBIT by MHALLAMY ITEMS: 1 DOSES: 1 10/29/16 2213 - DEBIT by KSKANE ITEMS: 1 DOSES: 1 10/30/16 0208 - DEBIT by KSKANE ITEMS: 1 DOSES: 1 10/30/16 1525 - DEBIT by ABLEILER ITEMS: 1 DOSES: 1 10/30/16 1531 - CREDIT by ABLEILER ITEMS: 1 DOSES: 1 10/31/16 0350 - DEBIT by DTAGOE ITEMS: 1 DOSES: 1 10/31/16 1140 - DEBIT by KMOSLEY ITEMS: 1 DOSES: 1 10/31/16 1556 - DEBIT by KMOSLEY ITEMS: 1 DOSES: 1 11/01/16 0221 - DEBIT by DTAGOE ITEMS: 1 DOSES: 1 11/01/16 1026 - DEBIT by MHALLAMY ITEMS: 1 DOSES: 1 11/01/16 1731 - DEBIT by MHALLAMY ITEMS: 1 DOSES: 1 11/01/16 2055 - DISCONTINUE by DISCHARGE Eff: 11/01/16 2054 FROM: DC COMMENTS: TO:

DC COMMENTS:

DC'd by Discharge

# Case 2:18-cv-00924-PD Document 15-7 Filed 05/03/18 Page 22 of 67

DATE: 11/03/16 @ 000 USER: MT		erald Hospital PHA *LIVE* Administration Summary	PAGE 222
Patient EFUNNUGA OL Account Number FA130 Age/Sex 37/M Status DIS I	07223089 Location Room	411 Regist	MAN,MARIO, MD Number F001250247 tered Date 10/07/16 arged Date 11/01/16
EFUNNUGA, OLUTOKUNBO	FA13072	23089	(Continued)
10/29/16 1800 FIH	er <u>Given Baq Re</u> HALLAM Y ose: 50 MG		<u>S</u> <u>Charqe</u> 1
10/29/16 2214 FIS	SKANEK Y ose: 50 MG	:	1
10/30/16 0209 FIS Do	SKANEK Y ose: 50 MG	:	1
10/31/16 0353 FIT Do	TAGOED Y ose: 50 MG	:	1
10/31/16 1140 FIM	MOSLEK Y ose: 50 MG	:	1
10/31/16 1600 FIM	MOSIEK Y ose: 50 MG		1
11/01/16 0230 FIT Do	TAGOED Y ose: 50 MG		1
11/01/16 1047 FIH	HALLAM Y ose: 50 MG		1
11/01/16 1735 FIH Do	HALLAM Y ose: 50 MG		1
Admin Totals			9

DATE: 11/03/16 USER: MT			erald Hospital PHA Administration Su		PAGE 223
Account Number Age/Sex	UGA OLUTOKUNBO FA1307223089 37/M DIS IN	Location Room Bed	_	or LITTMAN, MARIO, Unit Number Registered Date Discharged Date	F001250247 10/07/16
EFUNNUGA, OLUTO	КИМВО	FA13072	23089	(Contin	nued)
Dose Admin Route   Start Date   Ordering Doc Total Dispense	10/29/16-1800 tor JADHAV,G	Stop D AURAV P MD Total (	ate 10/29/16 1801 Costs \$0.10		
10/29/16 17: FROM: DUPLIC: TO: DUPLIC: 10/29/16 17:	32 - POM ORDER 32 - EDIT ATE COMMENT: ATE COMMENT: RPH 32 - VERIFIED 01 - DISCONTINUE		by COJADHAG by FILINC by FILINC	B Eff: 10/29/16	5 1801
FROM: DC COMM TO: DC COMM Reacl 10/29/16 180 ITEMS:	MENTS: MENTS: hed Stop Date D6 - DEBIT 1 DOSES: 1		by FILINC		
Admin Date Tiv 10/29/16 183 (10/29/16) (180		<u>ven Baq Re</u> Y	ason Code	Items (	<u>Charge</u> 0.00
Admin Totals				1	0

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\*

Medication Administration Summary

Patient EFUNNUGA OLUTOKUNBO

Responsible Doctor LITTMAN, MARIO, MD

Account Number FA1307223089 Age/Sex 37/N

Location FI4PVA Room 411

Unit Number F001250247 Registered Date 10/07/16

Status

USER: MT

DIS IN Bed 02 Discharged Date 11/01/16

EFUNNUGA, OLUTOKUNBO

FA1307223089

(Continued)

PAGE 224

SODI10DI20 - 0.9 % SODIUM CHLORIDE 10 ML INJECTION

3 ML (0.3 INJECTIONS)

Admin Route IV

Start Date 10/07/16-1300

Stop Date None

DC Date

Total Dispensed

Ordering Doctor BORIKAR, MADHURA S MD Total Costs \$

Total Charges \$

Rx Number U001131728

History

10/07/16 0816 - POM ORDER

by COBORIKM by FIJASINT

10/07/16 0828 - CANCEL

EDIT DOCTOR: BORIKAR, MADHURA S MD

SODI10DI20 - 0.9 % SODIUM CHLORIDE 10 ML INJECTION

3 ML (0.3 INJECTIONS)

Admin Route IV

Frequency PRN (PRN) PAR= PRN REASON: FIV - FLUSHING IV LINE

Start Date 10/07/16-0815 Stop Date None DC Date

Total Dispensed

Ordering Doctor BORIKAR, MADHURA S MD

Total Costs \$ Total Charges \$

Rx Number U001131729

History

10/07/16 0816 - POM ORDER

by COBORIKM

10/07/16 0828 - CANCEL

by FIJASINT

EDIT DOCTOR: BORIKAR, MADHURA S MD

Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 225 DATE: 11/03/16 @ 0002 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD F001250247 Account Number FA1307223089 Location FI4PVA Unit Number Registered Date 10/07/16 Age/Sex 37/M Room 411 DIS IN Discharged Date 11/01/16 Red 02 Status FA1307223089 (Continued) EFUNNUGA, OLUTOKUNBO RISP1TAB - risperiDONE 1 MG TABLET 0.5 MG (0.5 TABLETS) Dose Admin Route PO Start Date 10/12/16-2100 Stop Date None DC Date Ordering Doctor ZHANG, HONGYU MD Total Costs \$ Total Charges \$ Total Dispensed Rx Number U001135466 History by COZHANGH 10/12/16 1215 - POM ORDER 10/12/16 1312 - CANCEL by FILINC EDIT DOCTOR: ZHANG, HONGYU MD FROM: CANCEL COMMENTS:

TO:

CANCEL COMMENTS: NEW ORDER BID DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 226
USER: MT Medication Administration Summary

Patient EFUNNUGA OLUTOKUNEO Responsible Doctor LITTMAN, MARIO, MD

 Account Number
 FA1307223089
 Location
 FI4PVA
 Unit Number
 F001250247

 Age/Sex
 37/M
 Room
 411
 Registered Date 10/07/16

 Status
 DIS IN
 Bed
 02
 Discharged Date 11/01/16

EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued)

ACET600C - Acetylcysteine 600 MG CAPSULE

Dose 600 MG (1 CAPSULE)

Admin Route PO

Start Date 10/18/16-1015 Stop Date None DC Date

Ordering Doctor GOOCH, JOHN R MD

Total Dispensed Total Costs \$ Total Charges \$

Warnings

Type: MAINTENANCE

Range: ACETYLCYSTEINE (600 MG)
Condition: ALL COMMON INDICATIONS

Daily Dose This is an exact dosage calculation of 600 MG/DAY Ordered dose of

1,200 MG/DAY exceeds the exact dose by 600 MG/DAY.

Renal The Patient's GLOMERULAR FILTRATION RATE is > 60. The result can not

be compared against the threshold.

History

10/18/16 1014 - POM ORDER by COGOOCHJ 10/18/16 1014 - NOW DOSE by COGOOCHJ

Now Dose: 10/18/16 1015 10/18/16 1014 - KEEP NEXT DOSE by COGOOCHJ

Keep Next Dose: 10/18/16 2100

10/18/16 1024 - CANCEL by FIREALID

EDIT DOCTOR: GOOCH, JOHN R MD

FROM:

CANCEL COMMENTS:

TO:

CANCEL COMMENTS:

need IV; will d\c po

DATE: 11/03/16 @ 0002 Mercy Fitzgerald Hospital PHA \*LIVE\* PAGE 227 Medication Administration Summary USER: MT Patient EFUNNUGA OLUTOKUNBO Responsible Doctor LITTMAN, MARIO, MD Location FI4PVA Account Number FA1307223089 Unit Number F001250247 Age/Sex 37/M Room 411 Registered Date 10/07/16 Status DIS IN Bed 02 Discharged Date 11/01/16 EFUNNUGA, OLUTOKUNBO FA1307223089 (Continued) ENOX40DI - ENOXAPARIN SODIUM 40 MG/0.4 ML DISP.SYRIN 40 MG (0.4 ML) Dose Admin Route SUBQ Start Date 10/25/16-1030 Stop Date None DC Date Ordering Doctor THUMMALAPENTA, SIRISHA MD Total Dispensed Total Costs \$ Total Charges \$ Rx Number U001144231 History 10/25/16 1028 - POM ORDER by COTHUMMS 10/25/16 1028 - NOW DOSE by COTHUMMS Now Dose: 10/25/16 1030 10/25/16 1028 - KEEP NEXT DOSE by COTHUMMS Keep Next Dose: 10/26/16 0900 10/25/16 1030 - CANCEL by FIREALID EDIT DOCTOR: THUMMALAPENTA, SIRISHA MD FROM:

CANCEL COMMENTS:

TO: CANCEL COMMENTS:

dup

This is the end of the MAR Summary for Patient FA1307223089 - EFUNNUGA, OLUTOKUNBO.

'n

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002347

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MARIO LITTMAN, M.D., F.A.C.P. 10 MD-034443-E NPI # 1568400612"
70 10 LIC MD-423858 NPI # 1225077985
300 CITY UNE AVENUE, SUITE 203
PHILADELPHIA, PA 19151 (215) 878-7050 NAME **ADDRESS** TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT R **1**25.49 **□50-74** 101-150 151 and over Units LADEL Refill (R)1 2 3 4 5 SUBSTITUTION PERMISSIBLE IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

6BIM1367910

PA1 SE	TENT HAS HISTOR ISITIVITY OR ADVE	Y OF DRUG ALLE RSE REACTION 1	RGY, ro:	DESCRIPTION OF EVENT	PHYSICIAN ORDERS SHEET THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG CAN	N BE DISPENSED
	MICON LIEDE IE	DATIENT DEN	ICO MOTO	DOV OF ALLEBOIES SENSITISTIFS OF ADVESSES BEACTIONS	Age: <u>37</u> Gender: <u>Male</u> Care Unit: <u> CU  5 PAVIUON</u> Shift:	-
۳	DATE	TIME	FAXED	DRY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	ORDERS	TRANSCRIBE
. 1		Á	}	RESTRAINTS FOR	R NON-VIOLENT BEHAVIOR	
2				☐ Initial Assessme		
3		4	200	(Nursing Assessment: Describe current behavior:		
4			<b>A</b> ·	▼ Pulling at Lines/Tubes/Catheters/Dressings Other Agitation	<del>-</del>	
5				B. Alternatives Tried	<b>~</b>	
6	. ·				Decrease Stimuli/Noise Reduction  Modify environment  Close Observation	:
7			A A	☑ Bed alarm ☑ Medication	Toileting/Hydration (q 2 hours while awake) Reviewed/Assessed Medications and Lab values	
6			4	☐ Diversion/Activity/Busy Box ☐ Positioning Pillows ☐ Other:	Assessed for underlying problem Assistance with toileting	
9		Á		RN Signature: Okassino &	Date: 10/19/16 Time: 0500	
10						1
11		1 12	VI 1	PHYSICIAN ORDERS (Physician to Compte A. Clinical Justification: To protect against removal of Lines/Tubes/Ca		٠.
12		A P		B. Time: APPLY FROM (TIME) 0500 AMVPM TO	(TIME) 0505 AM/PM - 24 HOUR MAXIMUM	
13 14 15		(A) P 2 C A A P		C. Type of restraint:  C. Type of restraint:  D. Soft Limb: D. 1 Point D. 1 P	☑ 2 Point ☐ 3 Point	
18				D. Attending physician notified of restraint		
17	-	2 2 2 3		E. Signatures:		
18	•	l la		Date: 10/11/16 Time: Physician		
19		( <u>)</u>		Date: 10/19/16 Time: 0500 Nurse Signature and to	title Olyson Cosonon	
20		i N		Date: Unit Secretary Signatu	ure	
21		P M A		·		
22		P M A M				
23		P M A M				
Unle	ss written "Do	Mot Substitut	e" by the	physician, approval is given that all pharmaceuticals ordere	ed by the trade names may be dispensed with the generic ortherapeutic Staff.	c afternate in
stock	as defined by	the Mercy H PLE	ealth Sys EASE N	item's Pharmacy & Therapeutic Committee of the Medical S OTE!!! DO NOT WRITE ON REVERSE	itaff. SIDE OF THIS FORM.	
				1		<u> </u>

Mercy Fitzgerald Hospital A member of Mercy Health System

**RESTRAINTS (NON-VIOLENT)** 

Page 1 of 2 Form #PH719, Rev. 01/2008 ASM.X.OTHER

EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37Y Adm: 10/7/2016 Acc: FA1307223089 M



Restrain B. RESTRAIN OBSERVE Check circ Range-of-n Evaluate n PROVIDE S Assess for ASSESS B Assess rea Assess Beh Behavioral Ke 1 = Agitated 6 = Calmer	6 = Calmer 7 = Sleeping 8 = Following instructions 10 = resting  Type of Restraint Code:  A. Soft Limb B. Geri chair with tray C. Peek-a-boo Mitts D. 3-4 Siderails							
Plan of care In	nplemented	as abov	e: Nurse's Signature	_UBy	Hand Bo			
Time every 2 Hours	Behavior Key	Type Code	Circle Limb/s Restrained	Comme	nts/Observations/Interventions	Assigne	ed Staff Observer Signature	
0500	1,2,3,5	A,D	(R) (LA) RL LL	Circy,	ROM . Ativanu as per ciwa	appar	unio eU	
0700	6,10	A.D	(RA) (LA) RL LL	Circ/,	ROM, MC, Suitmed	aless	wise 1	
94	7.10	AD	AA RL LL	amla	LE ROM TYR MOINE	Surel 6	Kulmans	
IIA,	10	4-12	(RA)(LA) RL LL	_	-no D		ilmant,	
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30	6.7	<b>4</b> 51	TRA) (A) RL LL	· 60 6	- Cu	NGC		
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C ASO	.\/2	AD	BALLANRI LL	10	·			
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0300	10	AD	(RA) (LA RL LL	Zu.	normal Rem OBLE	10.	a. O. T	
10500	7 /	7	RA/LA/RL LL/	TUILLEAK CA	1 / / /	/ 20-00	' / · ·	
///			BA LA RL LL	//			///	
		/	RA/LA BY LL		11.11		////	
			SSESSES EVERY SHIF	T AND DO	OCUMENTS BELOW:		1	
Date/AM Sh				ition on on	· · · · · · · · · · · · · · · · · · ·	$\circ$	$\mathcal{L}$	
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Continue	Restraint		anted by patient's need	itiamas as	sessed and documented	1401	all the	
Nu?sexSig	nature hift: Date;	Gar	16/16 Time:	A1/10		سيه	2.	
Continu	iniic. Date, ie Restraint	us as wa	rranted by patient's cond	dition as as	ssessed and documented	(W)	(· U 5 7	
Nurses 'Sig		None	I ha Quottow_					
D. RESTRAINT	'S DICONTI	NUATIC	N: patient meets crite	ria for rem	noval : ( ☑ as appropriate)			
☐ Removal o	f Lines/Tubes/ Tim	dressings ie of Res	Ability to follow instructi atraint Release _ <i>0440</i> _	ons - not pul	ling on Lines/Tubes/Catheters/Drains Nurse's Signature	plutt		
Total Time Res			Hours		Minutes	·		
Mercy Fitze		oital					•	
A member of Man			. **		EFUNNUGA, OLUTOKU			
					DOB: 03/06/1979 Adm: 10/7/2016	37Y . M		
RESTRAINTS (A	ION-VIOLEN	T)			Acc: FA1307223089	MR#:	F001250247	
	•						(	
				Page 2 of 2				
TASM.X.OTH	ERF Î		Form £7H719, A	Rev. 01/2008 SM.X.OTHER	41 F 1 V 111 N 1 V N 1 1 1 1 1 1 1 1 1 1 1 1	1 14 W 15 1 W 1 W 1 W 1	16 m 16 is 18 glf	

CHECK HERE IF PATIENT DENIES HISTORY OF DATE TIME FAXED	OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	Age: Gender:	• •	
	OF ALLERGIES. SENSITIVITIES OR ADVERSE REACTIONS L			_
		Care Unit:	Shift:_	TRANSCRIBE
IA IA		DROERS		BY
네 (   🙀		NON-VIOLENT BEHAVIOR ment and Physician Order		
2 10 2410	Dinitial Assessmen		:	1
	(Nursina to Complete):			
	Nursing Assessment:		٠٠	
	Describe current behavior:		:	
M B.	Alternatives Tried	•		
51   101	Companionship: family, friend volunteer	Decrease Stirnuli/Noise Reduction		
	☐ Skin Sleeve	Daylodify environment		
	Stroreased checks and observation	Tolleting/Hydration (q 2 hours while awake)	٠	
'   A	Medication	Reviewed/Assessed Medications and Lab val	lues	
	☐ Diversion/Activity/Busy 8ox ☐ ### Distribution   ### Diversion   ### Divers	Assistance with tolleting	· . ·	
	Other:	_	•	
	Signature: 2 handa	Date: 18/24/14 Time: 1715		1
I RN	Signature:	Date: Time:		
이   뭐				1
i PH	YSICIAN ORDERS (Physician to Complei Clinical Justification:	te):		
	☐ To protect against removal of Lines/Tubes/Cat	theters/Dressings.		. :
PX	Time:	me in the second of the second	· `	
3	APPLY FROM (TIME) AM/PM TO (	(TIME) /7/ AM/PM - 24 HOUR MAXIMUM	÷	
1	Type of restraint:			
4 -	<del>_</del>	2 Point 3 Point		
	☐ Gerri Chair with Tray ☐ Beek-a-boo Mitts			
5	☐ 3-4 Siderails			
6	Attending physician notified of restraint			
	• •			
7   🕍   E.S	Signatures:			•
8 Dat	i 424   0   180   Physician	(k)	٠.	
8 A Dat M Dat M Dat	m/ /	Beeper#	<del></del>	
9 Dat	to: 19th Time: 18th Nurse Signature and til	5/ //		
o Mal	e: Time: Unit Secretary Signature	re		
		-		
2 M				
Â				
3	·		• • •	
Ä				
less written "Do Not Substitute" by the phys	sician, approval is given that all pharmaceuticals ordered	by the trade names may be dispensed with the generic or	therapeutic	alternate in
CK as defined by the Mercy Hearn System  PLEASE NOTE	s Pharmacy & Therapeutic Committee of the Medical St			

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**RESTRAINTS (NON-VIOLENT)** 

Page 1 of 2 Form #PH718, Rev. 01/2008 ASM.X.OTHER

EFUNNUGA, OLUTOKUNBO
DOB: 03/06/1979 37Y M
Adm: 10/7/2016
Acc: FA1307223089 MR#: F001250247



A. (Nursing to ☐ Family n ☐ Patient/fa ☐ Restraint	otified of reamily educa	straint ated rega	rding rea		estrair	nt				
B. RESTRAINT OBSERVE A Check circu Range-of-m Evaluate ne	PLAN OF AND INTER Listion in Protection and for Foot and for Foot	CARE F RACT WI imbs - For rolses an od, Fluid	OR NO! ITH PAT or the pro id restra s, Hygie	N-VIOLE IENT AN esence of int relea ene and 1	NT BE ID PRO If pulse Ise of a	OVIDE PH es and goo all limbs or	YSICAL CARE, d color - Provide every 2 h le at a time - Provide eve e every 2 hours and more	ry 2 hours	and more frequently	ded if needed
PROVIDE S Assess for s ASSESS BE Assess read	igns of inju EHAVIOR A liness for re	iry and si AND RES elease	kin integi SPONSE	ity. TO RES	TRAII				, ·	
Assess Beh Behavioral Key	avior and e y:	enter num	iber key	that best	descri	ibes behav	ior: '			
1 = Agitated	-	Confuse		3 = Unc	•		4 = Forgetful	5 = Rest	ess.	• ,
6 = Calmer	7 =	Sleeping	) {	B = Foll	owing	instruction	s 10 = resting			
Type of Restra	int Code:									
A. Soft Limb	<u>B.</u> G	eri chair	with tray		•	c-a-boo Mit	ts <u>D.</u> 3-4 Side	rails		
Other intervent	ions:	_#		puge			111 24111		· · · · · · · · · · · · · · · · · · ·	
Plan of care Im	plemented	as above	e: Nurs	e's Sign	ature		popringa			
Time every 2 Hours	Behavlor Key	Type Code		cle Limb/ estrained		Comme	nts/Observations/Interven	itions	Assigned Staff Obser	ver Signature
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1   19   19   19		ļ		LA RL	<u> </u>		MINTANIA	<i>[</i>	Willing	102/2
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<i></i>		ta aswai	ranted b	Pelen	s cond	dition as as	sessed and documented		1117	
Nurses Sign		INILIATIO		111			loval : ( ☑ as appropriate		-	
							, ,, ,	•		
Date 5	TIG Tin	ne of Res	traint Re	elease	1	Month	Ing on Lines/Tubes/Catheters/L Nurse's Signature			<del></del>
Total Time Res	trained:		·	Hours _			Minutes		<u> </u>	
Mercy Fitzg			•			•	EFUNNUGA, OLU			
				•			DOB: 03/06/19 Adm: 10/7/201		M·	
RESTRAINTS (N	ION-VIOLEN	IT)	· •	٠			Acc: FA130722		MR#: F00125024	7
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SENSITIVITY OR ADVERSE REACTION TO:		(GT, 10:	DESCRIPTION OF EVENT PHYSICIAN ORDERS SHEET			
			THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG			
					Age: Gender:	<del></del>
	HECK HERE IF			RY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	Care Unit:Shi	
	DATE	TIME	FAXED	(	ORDERS	TRANSCRIBED BY
1		S.		Restraint Assess	R NON-VIOLENT BEHAVIOR ement and Physician Order	
2				☑ Initial Assessme	ent Reassessment	- 1
3		Į.		(Nursing to Complete):  A. Nursing Assessment: Describe current behavior:		
				Describe current behavior:  Pulling at Lines/Tubes/Catheters/Dressings  Other  Other  Auto  Rates		
		7		B. Alternatives Tried	_	
				☐ Companionship: family, friend volunteer☐ Skin Sleeve ◆	Decrease Stimuli/Noise Reduction Modify environment	
6				Increased checks and observation Bed alarm Medication	☐ Close Observation  Toileting/Hydration (q 2 hours while awake) ☐ Reviewed/Assessed Medications and Lab values	
7				M Diversion/Activity/Busy Box	Assessed for underlying problem  Assistance with tolleting	
8			8	Positioning Pillows Other:		
9				RN Signature:	Date: 197/806 Time: 300 U	.
10				PHYSICIAN ORDERS (Physician to Comple	ete):	
11				A. Clinical Justification:  To protect against removal of Lines/Tubes/Ca		
12				B. Time: 147/8016 APPLY FROM (TIME) 1000 ANOM TO	/ぱく かん (TIME <u>) かいし</u> AMPM - 24 HOUR MAXIMUM	
13				C. Type of restraint:		
14			4	Soft Limb: 1 Point Gerri Chair with Tray	2 Point 3 Point	
15			4	☐ Peek-a-boo Mitts ☐ 3-4 Siderails		
16			A SP	D. Attending physician notified of restraint		
17				E. Signatures:	Julolie	
16			A V	Date: Ow Physician	© Beeper#	
19				Date: 1000 Nurse Signature and	title June	-  .
20			Š Š	Date: Time: Unit Secretary Signat	ture	-
21						
22						
23			<b>4</b>			
Unless written "Do Not Substitute" by the physician, approval is given that all pharmaceuticals ordered by the trade names may be dispensed with the generic ortherapeutic alternate in stock as defined by the Mercy Health System's Pharmacy & Therapeutic Committee of the Medical Staff.						
3,00	- vo vomicy v	Iq.	EASE N	OTEIII DO NOT WRITE ON REVERSE	SIDE OF THIS FORM.	
_			••••			

Mercy Fitzgerald Hospital A member of Mercy Health System

**RESTRAINTS (NON-VIOLENT)** 

EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37Y M Adm: 10/7/2016

Acc: FA1307223089 MR#: F001250247



Pege 2 of 2 Form ⊈Гሕ719, Rev. 01/2008 ASM.X.OTHER



PATI SEN	ENT HAS HISTORY SITIVITY OR ADVE	Y OF DRUG ALLER RSE REACTION TO	IGY, O:	DESCRIPTION OF EVENT	-		RDERS SHEET	
				THIS DRUG READ		OMPLETED BEFORE DRUG CAN ender:	BE DISPENSED	
O CHECK HERE IF PATIENT DENIES HISTOR		ES HISTO	DRY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	•			<u> </u>	
	DATE	TIME	FAXED		ORDERS			TRANSCRIBED BY
1. 2 3 4 5 6 7 8 9 ,10 · · · · · · · · · · · · · · · · · · ·			FAXED	RESTRAINTS FOR Restraint Assess    Initial Assesses     Initial Assesses	Care Unit: ORDERS NON-VIOLEN ment and Physical Decreas Modify et Close O Toileting Reviewe Assesse Assistar  ete): atheters/Dressir	TEBEHAVIOR sician Order eassessment eassessment eassessment easier at the environment eastern (q 2 hours ed/Assessed Medication (q 2 hours ed/Assessed Medication eastern east	ction while awake) ons and Lab values lem	
17 18 19 20 21 22 23	ss written "Do	- A M M P N A A M M A A M A A A M A A A A M A	e" by the	E. Signatures:  Date: IC A Time: 22:00 Physician  Date: 10/9 Time: 21:00 Nurse Signature and  Date: Unit Secretary Signature and Uni	ure	Beeper#		c afternate in
	н аз <u>чение</u> ч (			IOTEIII DO NOT WRITE ON REVERSE		FORM.		
Ħ	Mercy Fitzgerald Hospital							

A member of Mercy Health System

**RESTRAINTS (NON-VIOLENT)** 

EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37Y M Adm: 10/7/2016 Acc: FA1307223089 MR#: F001250247



Page 1 of 2 Form #PH719, Rev. 01/2008 ASM.X.OTHER

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•	A member	of Mercy Hea	th System

RESTRAINTS (NON-VIOLENT)

DOB: 03/06/1979

Adm: 10/7/2016

Acc: FA1307223089 MR#: F001250247



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PATI	ENT HAS HISTOR	OF DRUGALLET	RGY,	DESCRIPTION OF EVENT	PHYSICIA	N ORDERS SHEET	
300	. *	ASE READING I	<u>u</u> .		THIS DRUG REACTION HISTORY MUST	BE COMPLETED BEFORE DRUG CA	N BE DISPENSED
					Age:	Gender:	
<u></u> c	HECK HERE IF		FAXED	DRY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	Care Unit:	Shift:	TRANSCRIBED
	DAIL				ORDERS		BY
1					R NON-VIOLENT BEHAVIOR ment and Physician Order		
2		Ä		☐ Initial Assessme	<del>-</del>		
	- '	Ē		(Nursina to Complete):			
3				A. Nursing Assessment: Describe current behavior:			
4	,	Ä		□ Pulling at Lines/Tubes/Catheters/Dressings			
				☐ Other	<b>-</b>	•	
5				☐ Companionship: family, friend volunteer	Dècrease Stimuli/Noise F	Reduction	
6		Ž	4	☐ Skin Sleeve	☐ Modify environment		
		Ī	S I	☐ Increased checks and observation ☐ Bed alarm	☐ Close Observation ☐ Toileting/Hydration (q 2 h	ours while awake)	
7		Į.		☐ Medication ☐ Diversion/Activity/Busy Box	Reviewed/Assessed Med Assessed for underlying		
8	•	, M		Positioning Pillows	Assistance with toileting	JODEM	
				Other:			
9				RN Signature: 3/hmage	Date: /*/////	. Time: 23V .	
10		Į į					_
		Ĭ	1	PHYSICIAN ORDERS (Physician to Comple A. Clinical Justification:	ete):		
11				A. Clinical Justification:  To protect against removal of Lines/Tubes/Ca	atheters/Dressings.		
12	÷	Į.		D. 71	-		
		. 1		APPLY FROM (TIME)AM/PM TO	(TIME) 20W AMPM - 24	HOUR MAXIMUM	
13	-			C. Type of restraint:			
14		Ä		☐ Soft Limb: ☐ 1 Point	2 Point 3 Poi	nt	.
				☐ Gerri Chair with Tray ☐ Beek-a-boo Mitts	•		
15				3-4 Siderails			
16		**************************************	9	D.   Attending physician notified of restraint			
	,	Ī	1		1		
-17	•			E. Signatures:	H.		<b>.</b>
18	•		<i>1</i> 1 1	Date: Physician	427-		
		Į,	3	alice my	Beeper#	•	
19				Date: /// Time: A //V Nurse Signature and	title Of //////		
20		, in		Date! Unit Secretary Signat	ure		
21			3				
		**************************************					
22		l lå					
23	٠.	. [					1
Unle	ss written "Do	Not Substitut	le" by the	physician, approval is given that all pharmaceuticals order stem's Pharmacy & Therapeutic Committee of the Medical	ed by the trade names may be disper	nsed with the genenc ortherapeu	tic atternate in
stoci	as defined by		lealth Sy: EASE N				
<del></del>	Mercy Fit		•				
•	A member of M	ercy Health Sys	stem	B	FUNNUGA, OLUTOKUNBO OB: 03/06/1979 37Y		
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**RESTRAINTS (NON-VIOLENT)** 

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Adm: 10/7/2016 Acc: FA1307223089 MR#: F001250247



Mercy Fitzgerald Hospital

Acc: FA1307223089

PAT	ENT HAS HISTOR ISITIMTY OR ADVE	Y OF DRUG ALLE RSE REACTION	RGY, TO:	DESCRIPTION OF EVENT	PHYSICIAN ORDERS SHEET	
_	***************************************				THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG CAN  Age:	BE DISPENSED
100	HECK HERE IF	PATIENT DE	VIES HISTO	DRY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	Age:Shift:	<b></b>
-	DATE	TIME	FAXED		ORDERS	TRANSCRIBED
1	10/10/16	2300	Â	RESTRAINTS FOR	R NON-VIOLENT BEHAVIOR	
2	( )	1	M A	☐ Initial Assessme	·	
3			M 4 4 4	(Nursina to Complete): A. Nursing Assessment:	•	
4		,	222	Describe current behavior: Pulling at Lines/Tubes/Catheters/Dressings Other		
5			2 X X X	B. Alternatives Tried		
6			K>57	☐ Companionship: family, friend volunteer☐ Skin Sleeve☐ III Increased checks and observation	Decrease Stimuli/Noise Reduction  Modify environment  Close Observation	
7		-	P M M	Bed alarm Medication	Tolleting/Hydration (q 2 hours while awake) Reviewed/Assessed Medications and Lab values	
8			X A X	☐ Diversion/Activity/Busy Box ☐ Positioning Pillows ☐ Other:	Assessed for underlying problem Assistance with toileting	
9			4575	RN Signature: UD amots	Date: 10 12 Time: 23 27	
10	ŀ		MAN AN A			·
11	-		X X A	PHYSICIAN ORDERS (Physician to Compl A. Clinical Justification: M To protect against removal of Lines/Tubes/C	ete); atheters/Dressings.	
12			MAN WAN WAN WAN WAN WAN WAN WAN WAN WAN W	B. Time:	TIME) 23 JU AMEM 24 HOUR MAXIMUM	
13			M M		(Time) 27 100K MAXIMUM	
14			P M A M	C. Type of restraint:  Soft Limb: 1 Point Gerri Chair with Tray	2 Point 3 Point	
15			MAK MAK MAK MAK MAK MAK MAK MAK MAK MAK	☐ Peek-a-boo Mitts ☐ 3-4 Siderails	•	:
16			MAM MAM	D. Attending physician notified of restraint		
17			KAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKAKA	E. Signatures:	h. MANN MO	
18				Date: 13 Time. 2300 Physician	Beeper#	
19	ŀ		K P	Date: 12 Time 2300 Nurse Signature and	tille Villengeton	
20			AXA P	Date: Time: Unit Secretary Signal	ture	
21			A X P			
22			AMP			
23			<u> </u>			
Unie stoc	ess written "Do k as defined b	Not Substitute the Mercy	te" by the	e physician, approval is given that all pharmaceuticals order stem's Pharmacy & Therapeutic Committee of the Medical	red by the trade names may be dispensed with the generic ortherapeut Staff	ic alternate in
		PL	EASE I	NOTE!!! DO NOT WRITE ON REVERSE	SIDE OF THIS FORM.	
₩	Mercy Fit Amember of M			E	FUNNUGA, OLUTOKUNBO OB: 03/06/1979 37Y M	
RE	STRAINTS	(NON-VIOI	LENT)	A	dm: 10/7/2016 .cc: FA1307223089 MR#: F001250247	
				Page 1 of 2		
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							•			
Restraint B. RESTRAINT OBSERVE Check circu Range-of-m Evaluate ne PROVIDE S Assess for s ASSESS BI Assess read Assess Beh Behavioral Key 1 = Agitated 6 = Calmer Type of Restra	6 = Caimer 7 = Sleeping 8 = Following instructions 10 = resting  Type of Restraint Code:									
	A. Soft Limb B. Geri chair with tray C. Peek-a-boo Mitts D. 3-4 Siderails  Other interventions: G. Glievel									
		•		Cianatura	1/200	mab	<del>~</del>			
Plan of care Implemented as above: Nurse's Signature  Time every 2 Behavior Key Code Restrained  Circle Limb/s Restrained  Comments/Observations/Interventions Assigned Staff Observer Signature										
1380	5	A,D	(RA)(R)		Le Ciu	TOUR	, t2R_	1/200	in a to RA	7
0100	6	AD		RL L'.	467/1	ni drivet	200	11/8/100	4/4	
0300	10	B.N		RL LL	4100	A DO NOT	rout Cark	1/27(1	200	
0500	10	X 5	(R) (B)	RL LL	10 X CL	Carolo	N	7/24/0		
. 6700	10	AXK	(RA)(A)		1477	<u> </u>		7/1/10	2011	. 1
DU	10	ZK		RL LL	Cole	tina)	TE Cuchini	Marida	con NIS	149
11	55/2		RASIA		TIAN	1620	TE MODAL	C)	CARL	A
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21	1	13K		RL LL	1/24	1 18	h			
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25	<u> </u>	121/	TRA TA		12211	2 -4	<u> </u>			
	<u> </u>		RA LA		1-(2-			<del></del>		
Date/AM Sh ☐ Continue Nu?ses Sign Evening/PM ☐ Continue	C. Reassessment: NURSES REASSESSES EVERY SHIFT AND DOCUMENTS BELOW:  Date/AM Shift: Date:  Continue Restraints as warranted by patient's condition as assessed and documented  Nurses Signature  Evening/PM Shift: Date:  Continue Restraints as warranted by patient's condition as assessed and documented									
Nurses Signature Night/PM Shift: Date:/0/3//6 Time: 0 7 P O  Continue Restraints as warranted by patient's condition as assessed and documented  Nurses Signature										
Date	Lines/10bes/	ruressings 1e of Res	ı ADıny to t traint Releas	ONOW INSTRUC Se	tions - not pul	ing on unes/10 Nurse's Sian	ibes/Catheters/Drains lature			
Total Time Res			—— Hot				Minutes			
Mercy Fitzg A member of Merc	Mercy Fitzgerald Hospital  A member of Mercy Health System  EFUNNUGA, OLUTOKUNBO 506  DOB: 03/06/1979 37Y M									
RESTRAINTS (N	ON-VIOLEN	Π)					10/7/2016 FA1307223089	MR#: FO	01250247	



Page 2 of 2 Form #PH719, Rev. 01/2008 ASH Y OTHER

4				•	
P/	TENT HAS HISTORY	Y OF DRUGALLERGY, RS E REACTION TO-	DESCRIPTION OF EVENT	PHYSICIAN ORDERS SHEET	
14				THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG CA	N BE DISPENSED
닍	OUTOW LIEDER	DATE OF BELLEVIEW	TOTAL CONTROL OF THE STATE OF T	Age: Gender, Shift: Shift:	<del>-</del>
۳	DATE	TIME FAXED	ORY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	Shift: Shift:	TRANSCRIBED
<u>ا</u>	· · · · · ·	10	BEHAVIORAL	RESTRAINT ASSESSMENT	BY
Ι΄				ELF DESTRUCTIVE BEHAVIOR	
2		Á	☐ Initial Assessment ☐ Reassessment (Nursing to Complete):		
3		M	A. Nursing Assessment: Assaultive	:/ Risk of Injury	
l.		P	Severe Agitation Violent/ A	ggressive Behavior chavior due to impaired Judgment/ Cognition/ Psychosis	
4		ᄷ	Self-Abusive Persistent	aggressive verbal threats	
5		Å	☐ Throwing Objects ☑ Behavior	Dangerous to Self or Others	
١.		Z>Z4K>Z4K>	☐ Damaging Property ☐ Other: ☐ Self-Mutilating	— voltation v	
8		X P	B. Identify the less-restrictive alternatives	s tried in order to modify behaviors:	-
7		M	☐ De-escalation ☐ Calming Medication ☐ PEAT Code ☐ Family Members	✓ 1:1 Observation Set Clear, Firm Limits  ☐ Diversion/Activity ☐ Quiet Room / Time-Out	
١,		M	Active Listening Allow to Ventilate Other/Describe:	Diversion/Activity Quiet Room / Time-Out Offer Alternatives / Choice	s
۱		MA M	U Other/Describe:		
9			C Potientic Personne to Above Alternatives:	Unreceptive ·	
11	,	M	o. Patient 3 Nesponse to Above Alternatives.	surregive	
		P			
11		M P	The charge electrocking house been delected as	nd have been unsuccessful; there is a need for more	
13		<u> </u>	restrictive restraint interventions.	1 I	1
15		<u> </u>	RN Signature: alyson Kussino n	<b>ν</b> Date: 10/17/16 πme: 2000	
		₩ ₩	PART II PHYSICIAN ORDERS (Physician	to Complete):	
1.		≥≤ <u>√</u> ≤>≤ <del>√</del> ≤>≤ <del>√</del> ≤>≤ <del>√</del> €>	A. Clinical Justification:  Simminent danger of harm to self or others  Other: Alternat to elope previo	Sombative/ Assaultive/ Violent behavior	
15	<b>'</b>		B. Time: Ages 18 & above -4 hour max. / Ages 9	to 17 years - 2 hour max, / Under 9 years of age - 1 hour max.	
11	,	Ã	APPLY FROM (TIME) 2000 AMPM T	O (TIME) 0000 AM/PM	
1:	, ]	P.	C. Type of restraint:  Locked Seclusion (Psychiatric Units Only)		
"		P	⊠-3-4 Side rails		
11	<b>·</b>	Ã	Locked Velcro Restraints  Soft Limb  4 Point	3 Point 2 Point	
11	,		Other		
2	,	S>Z®Z>K®K>Z®K>KGE>KO	D. Continuous observation face-to-face by ass Note: Face-to-face LIP / Physician visit must b	ilgned staff for duration of episode. e completed within one hour and progress note written.	
			E. Signatures:		
2	<b>'</b>	M	Date: MINIBTIME: 84M Signature	ent Fractitotier	
2			1		
		Me M	Date: Time: Unit Secretary Signate: Date: 10/17/16 Time: 2000 Registered Nurse S	Innature allustre Danaino A.	
.23			If verbal order, read back and verified by	RN	
L	ess written *Do	Not Substitute" by 12	1 · · · · · · · · · · · · · · · · · · ·		tio alternate in
sto	ck as defined by	the Mercy Health S		ered by the trade names may be dispensed with the generic ortherapeu I Staff. E SIDE OF THIS FORM.	
F	Mercy Fitz	zgerald Hospita		THE WASHINGTONIAN	
•		ercy Health System		EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37Y M	
P	FHAVIOPAL	RESTRAINTS (V	IOI ENT	Adm: 10/7/2016	
	miny iveel		,	Acc: FA1307223089 MR#: F001250247	
			Page 1 of 2		
			Form #PH719, Rev. 01/2008 ASM.X.OTHER		

		•					-		
A									
	Complete): ication /Patic	ent and Family E	ducation:	- 10 10 1	t a Haistimon	(Time: 10	17/10	☐ Pt Refu	
	Patient and family educated regarding reason for restraints and given hospital brochure.								
					Care /Team Treatment F Restraints / Seclusion:			RN Initials: <u> </u>	
							ted over	45 minutes	<del></del>
		on, Response to			nd / or observations we	ste combie	tea every	is illilutes.	
					ess for Release & Assessment for Patie	ent Injury			
Range-of-motic	hieselice of	and restraint re	lease of all li	mbs one at	a time - provide every 2	hours and	more frea	uently if needed	per a.
15 minute obser			icacc o, an in	indo one a	a tillo provide every a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b></b> ,	F T
		uids, Hygiene an	d Toileting;	provide eve	ery 2 hours and more fre	equently if n	eeded per	q. 15 minute of	oservations.
Behaviorai Key									
1 = Threatening	•	ombative 3	<ul><li>Violent</li></ul>	-	= Assaultive	5 = Loud	•	6 = Agitated	
7 = Uncoopera			= Quiet		= Cooperative	11 = Medi	cated	12 = Ate (Des	cribe)
13 = Drank (Des	scribe)	14	= Other (See	e Comment	s)				
Time every 15 min.	Behavior Key	Circle Restrained Limbs	Comments/O	bservations	Interventions		Assigned S	taff Observer Sigr	nature
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2015	Ť	(A) (A) (A)		C. Sucl	ioned		aless	ino M	
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2245	9	<b>60 10 10 10</b>	Circy PO		tioned 0		aloss		
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2315		ex CX (A) (I)	Civil n	1C us	S		alass	nov	
2330	9	多多多多	Circ / R	א אני	55		alus	wow	
	ent: Nurse re	assess the patier			ordered or when release			•	
Date:				Time:			•		
	Destrointe	□ Nam and a	z objection of	Clanatural	Ti41		_		
1				•	Title:				
					BP/_				
•					teria for restraint remo	val or relea	ase from l	ocked seciusion	n:
		appropriate, con							
☐ Decreased	agitation	□ No threats of s	elf harm 🗆 Folk	ows directions	Im behavior 🖸 Improved men s 🔲 Interacts with :	staff DA	grees to Safe	ety Contract	ier
Signature/T	itie:		Date	Ended:	Time E	nded:	AM/F	M	
E. (Psychiatry o	E. (Psychiatry only) Debriefing occurred with patient, family & staff and recorded on Debriefing Form Yes No								
F. Clinical le	adership not	ified for episode >	12 hours or	2 or more e	episode within 12 hours.	ı			
Total Time Res	Total Time Restrained: Hours Minutes								
Ed Mores Sites	orald Haar:	tal							
	Mercy Fitzgerald Hospital  A member of Mercy Health System  BFUNNUGA, OLUTOKUNBO  DOB: 03/06/1979 37Y M								
BEHAVIORAL R	ESTRAINTS (	VIOLENT)			Adm: 10/7/20 Acc: FA13072	16		001250247	

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<i>\$</i>										
PART III NURSING CARE  (Nursing to Complete):  A. Family Notification /Patient and Family Education:  Name of Family Member notified: \( \lambda \) \( \lamb										
Patient and fam Behaviors requi	ily educated red to disconn ntion & use w	regarding reason tinue the restraint ere identified on l	for restraints and given s were explained to pat nterdisciplinary Plan of	hospitat brochure. lent and family. Care /Team Treatment Plan. Restraints / Seclusion:	RN Initials: al					
B. Continuous	Patient Obs	ervation and Rev	ised Plan of Care for	Restraints / Seclusion:						
				nd / or observations were compl	eted every 15 minutes:					
Behavior, Cog	nitive Functi	on, Response to	restraints and Readin	ess for Release						
				& Assessment for Patient Injury						
Range-of-moti		and restraint re	lease of all limbs one a	t a time - provide every 2 hours an	d more frequently if needed per q.					
		uide. Hygiene an	d Toileting: provide ev	en/ 2 hours and more frequently if	needed ner a 15 minute observations					
Evaluate need for Food, Fluids, Hygiene and Toileting; provide every 2 hours and more frequently if needed per q. 15 minute observations. Behavioral Key:										
1 = Threatening 2 = Combative 3 = Violent 4 = Assaultive 5 = Loud/Yelling 6 = Agitated										
7 = Uncoopera	ative 8 = C	almer 9	= Quiet 10	0 = Cooperative 11 = Med	licated 12 = Ate (Describe)					
13 = Drank (De	scribe)	14	= Other (See Commen	ts)						
Time every 15 min.	·									
2345	7	RAQUU	Circl. Reposition	ed, MC. USS	Glassini RU					
0000	,	RA LA RL LL	See new order	form	Rossinon					
		RA LA RL LL								
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	l	RA LA RL LL	1 11 11 11 11 11 11 11 11 11 11 11 11 1							
Date:	ent; Nurse re 19   16	assess the patien	t at the end of the time Time:	ordered or when released.						
		eliable, im		ots to strike when lim	The me selonsed.					
		or of suit			25 9762 - 1024 8002					
Continue				Title: Okassero W						
Vital Signs:	Time MY)	т. <u>37</u> 8 Р.	91 R. 45	BP. 154 / 83						
D. Restraints [	Discontinued	: The patient has	met the following cri	teria for restraint removal or rele	ease from locked seclusion:					
1		-	•							
Criteria for Removal ☑ as appropriate, complete when released  ☐ Increased behavioral control ☐ No assaultive threats ☐ Demonstrates calm behavior ☐ Improved mental status ☐ Improved communication ☐ Other										
□ Decreased agitation □ No threats of self harm □ Follows directions □ Interacts with staff □ Agrees to Safety Contract										
Signature/Title: Date Ended: Time Ended:AM/PM										
E. (Psychiatry only) Debriefing occurred with patient, family & staff and recorded on Debriefing Form Yes 🔲 Ye										
		-								
ı	F. □ Clinical leadership notified for episode > 12 hours or 2 or more episode within 12 hours.  Total Time Restrained: 4 Hours Minutes									
Mercy Fitzg		IZI		EFUNNUGA, OLUTOKUNB	0					
			-	DOB: 03/06/1979 37						
BEHAVIORAL R	ESTRAINTS (	/IOLENT)		Adm: 10/7/2016 Acc: FA1307223089	MR#: F001250247					

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PAT	ENT HAS HISTORY SITWITY OR ADVE	OF DRUG ALLE	ERGY, TO:	DESCRIPTION OF EVENT	.1	IAN ORDERS SHEET							
					1	UST BE COMPLETED BEFORE DRUG CAN	BE DISPENSED						
<u>_</u>	HECK HERE IF	PATIENT DE	NIES HISTO	DRY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	4	Gender:Shift:_	-						
	DATE	TIME	FAXED		ORDERS		TRANSCRIBED BY						
-			A	BEHAVIORAL R	RESTRAINT ASSESSMENT	_							
2			P M A	PART I FOR VIOLENT OR SE ☐ Initial Assessment  ☐ Reassessment	ELF DESTRUCTIVE BEHAVIO	K							
			MA M	(Nursing to Complete):	-								
3			MA I	A. Nursing Assessment: Assaultive/	'Risk of Injury gressive Behavior								
4			M A M P	☐ Combative/Striking Out ☐ Unsafe Bet	havior due to Impaired Judgmo	ent/ Cognition/ Psychosis							
5			A M M	Suicidal Hitting (kicking) Biting  Throwing Objects Behavior Damgerous to Self or Others  Damaging Property, Other:									
8				B. Identify the less-restrictive alternatives	tried in order to modify i	ehąviors:							
7			M M	☐ De-escalation ☐ Calming Medication ☐ PEAT Code ☐ Family Members	1:1 Observation Diversion/Activity		,						
8			℧ℇ⋗ <del>ℇ</del> ℧ℇ⋗ℇ℧ℇ⋗ℇ℧ℇ⋗ℇ℧	Active Listening  Active Listening  Active Listening  Allow to Ventilate	Minimum Stimulation	Offer Alternatives / Choices							
9			24×3	C. Patient's Response to Above Alternatives:	Unreceptive.								
10			<u> </u>										
11			4 <u>3</u> 0										
12				The above alternatives have been tried an restrictive restraint interventions.									
13			X X	RN Signature: Olysm Passing P	•	16 Time: 0000							
14			<u>Edzyzakazyzykazoky</u>	PART II PHYSICIAN ORDERS (Physician to A. Clinical Justification:    Martin		e/ Violent behavior							
15			Ã	Dother:	o 17 years - 2 hour max. / Unc	ler 9 years of age - 1 hour max.							
16			X42P	APPLY FROM (TIME) AMPM TO C. Type of restraint:	O (TIME) <u>0406</u> AWPM								
17			M M M	☐ Locked Seclusion (Psychiatric Units Only)  ☑ 3-4 Side rails									
18			AI I		Ø 3 Point ☐ 2 Point	nt .							
19			2 2 2 2	☐ Other D. Continuous observation face-to-face by assi	igned staff for duration of eg	oisode.							
20			ZPE>SOKPSOKPSOKPSOKPSOKPSOKP	Note: Face-to-face LIP / Physician visit must be	e completed within one hour as								
21			X X	Date: 10/18 Time: 12.41 Signature	nt Stactitioner	Do north							
22			Š.	Date: V/V Time: V/V Signature VIII Signature VIII Signature	fure	Pager#							
23			P	Date: 10/18/16 Time: 0000 Registered Nurse Sig	gnature alysin Ross	indi	·						
				☐ If verbal order, read back and verified by	1	RN							
Unle	ss written "Do k as defined by	, ,		physician, approval is given that all pharmaceuticals orde stem's Pharmacy & Therapeutic Committee of the Medical	red by the trade names may be di	spensed with the generic orthorapeuti	o alternate in						
		PI	EASE N	OTEIN DO NOT WRITE ON REVERSE									
	Mercy Fit: Amember of M			F	FUNNUGA, OLUTOKUN	ВО							
BE	HAVIORAL		-		OOB: 03/06/1979 3 Adm: 10/7/2016 Acc: FA1307223089								
				Page 1 of 2									
				Form #PH719, Rev. 01/2008 ASM.X OTHER	11	MINIMINANTE IN MIN							

<u>'•</u>												
PART III NURSING CARE (Nursing to Complete):												
A. Family Notification /Patient and Family Education:  Name of Family Member notified: Family not over Date/Time: 10/18/16 0000 Unavailable												
Behaviors requi	Patient and family educated regarding reason for restraints and given hospital brochure.  Behaviors required to discontinue the restraints were explained to patient and family.  Restraint prevention & use were identified on Interdisciplinary Plan of Care /Team Treatment Plan.  RN Initials:											
Restraint prever	Restraint prevention & use were identified on Interdisciplinary Plan of Care /Team Treatment Plan.  RN Initials:											
									e comple	eted every	15 minute	s:
Assigned observer's signature signifies that the following care and / or observations were completed every 15 minutes: Behavior, Cognitive Function, Response to restraints and Readiness for Release												
Circulation: for presence of pulses & good color, Skin Assessment & Assessment for Patient Injury;  Range-of-motion exercises and restraint release of all limbs one at a time - provide every 2 hours and more frequently if needed per q.												
		and re	straint re	lease of	all limbs o	ne at a	time - provide	every 2 h	ours and	more frequ	uently if ne	eded per q.
15 minute obse		nide H	vajene sn	d Tolleti	na: provid	e everv	2 hours and i	more frea	nently if i	needed per	a. 15 minu	te observations
Evaluate need for Food, Fluids, Hygiene and Tolleting; provide every 2 hours and more frequently if needed per q. 15 minute observations. Behavioral Key:												
1 = Threatening 2 = Combative 3 = Violent 4 = Assaultive 5 = Loud/Yelling 6 = Agitated												
7 = Uncoopera		almer	9	= Quiet			Cooperative	1	11 = Med	icated	12 = Ate (	(Describe)
13 = Drank (De:	scribe)		14	= Other	See Com	ments)						
Time every 15 min												
0000	6,7	RALLA	(RL)LL	Cir.	T+R .H	rldel l	V given. A	ssessmu	ent	aposso	which	
0015	6.7	RALA	(RL) LL	Circv.	Mivan				1c	aless		
0030	lo	RALA		Circy.			Suctioned			URnss		
0045	6	RALA	(RI) LL	Circ/.	SR. N	1C. a	ppears to h	allueix	rate	akess		
<i>0</i> 106	6,7	(B)(A)	(RI) LL	Circy.	Atiyan		ser Clura.	RUM		aross	udn	
0115	6.7	(A)(A)		Sirce	Pest	less, t	Tachypneic	. Sue	timed		Man	
0130	6	RATA		Circ	, mc,	Suoti		ily ag	vitated		sindow	
OIYS	6		RL(L)	Circy,	RUM,	MC,	Pericane	<u>,                                    </u>		aless		
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0215	6	EN CA		Circy	RUM,	MC	USS & P	<u>l tach</u>	ypred_	-	aris W	
0230	<u></u>			Circl	. Stroff		, se	<del></del>	<i>I</i> *		end M	
0295	6	RAYLA		Circ/	MC,	14	içare, SI	<u>.</u>	1446		Morr	
()300)	<u> 4,7</u>	RAXA		Circy,	<u>ICUM,</u> . MC.		Atoma		IWIT		SINDR	
0315 0330	1 1	(RA)(A		Circl	MC		<u>rcirattons</u> N. Uncon	Der ativ	.0		And W	
C. Reassessm	ent: Nurse re				nd of the ti					VER	ALCON IV	
l Date: 101	18/16				Ti	me:	<i>040</i> 0			. , ,		
	rues to	<u>be un</u>	reliabl	einy	<u>oulsing</u>	2 + a	Hempts	to S	bike_	when	<u>in bs an</u>	l
- He			seda			- · · · · · · · · · · · · · · · · · · ·	<u> </u>					
☐ Continue							le:					···
Vital Signs:	Time	т	P		R	BP	/_					
D. Restraints D							a for restrain	it remova	al or rele	ase from lo	ocked seci	iusion:
II .	Removal 🖾 as		•	•								
☐ Increased					Demonstrati Follows dire		ehavior ☐ Impro Intera			mproved com grees to Safe		Other
	•									-	•	
1										☐ Yes [		
E. (Psychiatry only) Debriefing occurred with patient, family & staff and recorded on Debriefing Form ☐ Yes ☐ No F. ☐ Clinical leadership notified for episode > 12 hours or 2 or more episode within 12 hours.												
Total Time Res	-	<u>"""                                  </u>	•	ours	01 2 01 111	ore epic		nutes				
				ouis			IVAI	ilules				
Amember of Men		ital 1					EFUNNUG	A. OLUI	OKUNBO	0		
A HIGH DE CE MOT	y road dysters						DOB: 03	/06/197	79 37			
BEHAVIORAL RESTRAINTS (VIOLENT)  Adm: 10/7/2016 Acc: FA1307223089 MR#: F001250247												
ACC: FAI30/223089 MK#: F001250247												
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	(Nursing to A. Family Notif Name of Fam		ent and Family I	Education:	Da	ate/Time:/0	<u> </u>	☐ Pt. Refused  ☑ Unavailable		
	Patient and fam Behaviors requi Restraint preven	nily educated ired to disconnition & use w	regarding reason tinue the restrain ere identified on	for restraints and given is were explained to pat Interdisciplinary Plan of	hospital brochure. lent and family. Care /Team Treatme	nt Plan.	· · · · · · · · · · · · · · · · · · ·	RN Initials: <i>AL</i>		
į	<b>B.</b> Continuous	Patient Obs	ervation and Re	vised Plan of Care for	Restraints / Seclusion	on:				
				at the following care a		were comple	eted every	15 minutes:		
				restraints and Readir						
l				olor, Skin Assessment						
- !	Range-of-motion exercises and restraint release of all limbs one at a time - provide every 2 hours and more frequently if needed per q.									
- 1	15 minute observations,									
- 1	Evaluate need for Food, Fluids, Hygiene and Tolleting; provide every 2 hours and more frequently if needed per q. 15 minute observations. Behavioral Key:									
-	1 = Threatenin		ombative 3	= Violent 4	= Assaultive	5 = Loud	nnilla/Nh	6 = Agitated		
- 1	7 = Uncoopera	•			) = Cooperative	11 = Med	•	12 = Ate (Describe)		
	13 = Drank (De			= Other (See Commen	•	11-14164	icated	12 - Ale (Describe)		
	Time every 15 min. Behavior Key Circle Comments/Observations/Interventions Assigned Staff Observer Signature									
	0345	6.7	(RA)(A) RL(LL)	Obe / RUM. MI	2. Norwerbal		alassin	DN		
- [	0400		RA LA RL LL	Se new order						
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			RA LA RL LL							
			RA LA RL LL							
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	C. Reassessmo	eht: Nurse re	assess the patier	at at the end of the time Time:	ordered or when relea	sed,				
	Date: 10			Time: mreliable, imp			strike	when limbs		
	610	he   00 Se	d desprte	Sedation	WA 2114-C	114212	<i>Q          </i>	<u> </u>		
***	⊠ Continue			r obtained Signature	Title: aPassie	R				
	Vital Signs:	Time 0460		Δ111	BP. 124 16					
- 1	D Poetrainte D	liscontinued		s met the following cri		<del>/ </del>	see from k	ocked sectusion:		
ı			-	plete when released	tella lot lestranti ten	HOVAI OF TELE	ase nom	Area seciasion.		
			• • •	•	Im hehavior [] Improved to	nantal etatue 🗀 ir	mproved com	munication Cl Other		
	□ Increased behavioral control □ No assaultive threats □ Demonstrates calm behavior □ Improved mental status □ Improved communication □ Other □ Decreased agitation □ No threats of self harm □ Follows directions □ Interacts with staff □ Agrees to Safety Contract									
	Signature/T			Date Ended:		Ended:	AM/P	M		
ľ	E. (Psychiatry o	nly) Debriefin	ig occurred with p	patient, family & staff and	d recorded on Debrief	ing Form	☐ Yes 〔	□ No		
	F. Clinical le	adership noti	fied for episode >	12 hours or 2 or more	episode within 12 hou	rs.				
- 1	Total Time Res			ours	Minutes					
Ļ					77111400					
	A member of Man		iai		EFUNNUGA, C DOB: 03/06/ Adm: 10/7/2	/1979 37				
	BEHAVIORAL R	ESTRAINTS (\	/IOLENT)	•	Acc: FA1307	7223089	••	001250247		
						::				

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					<b>-</b>									
SEN	ENT HAS HISTORY SITMITY OR ADVE	Y OF DRUG ALL RSE REACTION	ERGY, TO:	DESCRIPTION OF EVENT	PHYSICIAN ORDERS SHEET									
<u> </u>					THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG CA	IN BE DISPENSED								
		OATION DE	NACO I NOT	ORY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTION	Age: Gender:Shift:	<del></del>								
۳	DATE	TIME	FAXED		ORDERS Sink	TRANSCRIBEC								
$\vdash$	-		Ā	DEHAVIODAL	ORDERS BY RAL RESTRAINT ASSESSMENT									
11			M) Pi		SELF DESTRUCTIVE BEHAVIOR									
2			Ã	☐ Initial Assessment ☐ Reassessment	al Assessment DReassessment									
			P M	(Nursing to Complete):										
3			A N	A. Nursing Assessment: Assaultive	e/ Risk of Injury Aggressive Behavior									
4			M	☐ Combative/Striking Out ☐ Unsafe B	ehavior due to Impaired Judgment/ Cognition/ Psychosis									
			P M	☐ Self-Abusive ☐ Persisten ☐ Suicidal ☑ Hitting/ K	t aggressive verbal threats									
5 Behavior Dangerous to Self or Others														
B Damaging Property Other:														
6			M	B. identify the less-restrictive alternative										
7			Å	De-escalation Dear De-escalation Description Descripti	1:1 Observation Set Clear, Firm Limits									
			Ř M	☐ PEAT Code ☐ Family Members ☐ Active Listening ☐ Allow to Ventilate	Diversion/Activity Quiet Room / Time-Out Minimum Stimulation Offer Alternatives / Choice	es								
8			싦	Active Listening Allow to Ventilate Other/Describe:										
9			Ň		1, .									
ľ			M M	C. Patient's Response to Above Alternatives:	Unraphie									
10			M		·									
11			MA A											
''			쒸	The share stars of the book fried a	and have been unsuccessful; there is a need for mor									
12			Š.	restrictive restraint interventions.	ind have been unsuccessful; there is a need for mor									
			P M	RN Signature: <u>Aleusua</u> W	Date: 10/18/16 Time: 6400									
13			M P	)										
14			M A	PART II PHYSICIAN ORDERS (Physician A. Clinical Justification:	South and the state of the stat									
			Ņ.	Imminent danger of harm to self or others	Combative/ Assaultive/ Violent behavior									
15			Ĥ	B. Time: Ages 18 & above -4 hour max. / Ages 9	to 17 years - 2 hour max. / Under 9 years of age - 1 hour max									
16			M	APPLY FROM (TIME) 0400 AMPM	TO (TIME) <u>0800</u> AM/PM									
			P M	C. Type of restraint:										
17				☐ Locked Seclusion (Psychiatric Units Only)  ☐ 3-4 Side rails										
18			TUUT	☑ Locked Velcro Restraints ☐ 4 Point	12 Point □ 2 Point									
				Soft Limb 4 Point										
19			Á	Other D. Continuous observation face-to-face by as	signed staff for duration of episode.									
20			M		be completed within one hour and progress note written.									
			ĕ	E. Signatures:										
21			<u>⋖⋝⋫⋝⋖⋝⋫⋝⋖⋝⋫⋝⋖⋝⋫⋝⋖⋝⋫⋝⋖⋝⋫</u>	Licensed Independ	l									
22			M M	Dotto:	يمولاند Pager# 1673									
			<u>A</u>	Date: 10/19/16 Time: 0450 Unit Secretary Sign	A Dr. A A . 3 d . 1									
23			ă	Date: 10 13 10 ime: 10 401) Registered Nurse S										
				If verbal order, read back and verified by	RN									
Unio	ss written "Do	Not Substit	uto" by th	o physician, approval is given that all pharma ceuticals orders stems Pharmacy & Therapeutic Committee of the Medic	dered by the trade names may be dispensed with the generic ortheraped at Staff.	utic atternate in								
				NOTEIII DO NOT WRITE ON REVERS										
	Mercy Fit:	zgerald l	lospita	d	EBIADUIGA OLIMOVIAMA									
•	A member of M	lercy Health S	ystem	-	EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37Y M									
PE	HAVIODAL	DECTRA	MYC A		Adm: 10/7/2016									
85	HAVIORAL	KESIKA	1412 (AI	OLENI)	Acc: FA1307223089 MR#: F001250247									
***	1 <b>1 1 1 1 1 1 1 1 1 1</b>													
				Page 1 of 2										
				Form #PH719, Rev. 01/2008 ASM.X.OTHER										

•											
PART III NURSING CARE											
(Nursing to Complete): A. Family Notification /Patient and Family Education: ☐ Pt. Refused											
	Name of Family Member notified: All evol at Date/Time: 10/18/16 04 to Dunavailable										
	•				en hos						
Behaviors requi	red to discon	tinue the restraint	s were ex	plained to p	patient	and family.				CA	
Restraint prever	Patient and family educated regarding reason for restraints and given hospital brochure.  Behaviors required to discontinue the restraints were explained to patient and family.  Restraint prevention & use were identified on Interdisciplinary Plan of Care /Team Treatment Plan.  RN Initials:										
	3. Continuous Patient Observation and Revised Plan of Care for Restraints / Seclusion: Assigned observer's signature signifies that the following care and / or observations were completed every 15 minutes:										
		ture signifies tha on, Response to					s were compi	etea eve	ery 15 minutes:		
		pulses & good co					atient Injury:				
		and restraint re							equently if need	led per q.	
15 minute obse						•	•		•	• •	
		uids, Hygiene an	d Toiletir	ng; provide	every :	2 hours and more	e frequently if	needed p	per q. 15 minute	observations.	
Behavioral Key	•							154.11	A - 4-9-1		
1 = Threatenin	•		= Violent			Assaultive	5 = Lou	_	•		
7 = Uncoopera			= Quiet	0 0		Cooperative	11= Med	icated	12 = Ate (D	escribe	
13 = Drank (De			•	See Comm							
Time every 15 min.	Behavior Key	Circle Restrained Limbs	Commen	ts/Observation	ons/inte	rventions		Assigned	d Staff Observer S	ignature	
0400	6.7	RALARD LL	Circy	RUM,	7+2		<u>ictioned</u>		sino a		
0415	6.7	EN EN EN	Civer,	ASSESS			s perciwa		seno N		
0430	_8	(B) (B) (B) LL	Cixcy	RUM .	MC				senk		
0445	8	RA)(LA) (RI) LL	CM	THR,	Bar	ic care, N	1C		siv U		
0500	8	RA LA RL LL	rem	oved c	10.0			alex	ssens N		
		RA LA RL LL									
		RA LA RL LL						<u> </u>			
		RA LA RL LL						<u>                                     </u>			
		RA LA RL LL									
		RA LA RL LL									
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		RA LA RL LL									
		RA LA RL LL									
	<u> </u>	RA LA RL LL				<del></del>	<u> </u>	<u> </u>			
	ent: Nurse re	assess the patien		<b>T</b> 1		14-70.14					
Date		noved due	1.	. 0.004	ecim	Channa	1 140	4 50 [	1 wicks		
		MOVER CHE	-70 ·4/	uggu	אַטונפבי	. Change	a w Lp	71_XUF	T (M/13/3		
☐ Continue	Pactrointo	☐ New orde									
		_		_			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
		TP					<del></del> ,	<b>-</b>			
1		: The patient has		_		tor restraint re	moval or rele	ase fron	n locked seciu	sion:	
		appropriate, com				harias Clamprored	mantal atatus 🗆 l		ication (I	Other	
5 Decreased	penavioral contr Lagitation	ol IX-No assaultive th	elf harm	pernonstrates Follows direct	icain be	inproved in Interacts v	mentai status ⊃ i vith staff	improved c Agrees to S	Communication Line	Oiner	
Signature/T	, D. O	spirion		Date Ended	. 10	18 16 Tim	a =ndad: 05	DD AN	A/DAA		
"											
E. (Psychiatry only) Debriefing occurred with patient, family & staff and recorded on Debriefing Form Yes No											
F. Clinical le	eadership noti	ified for episode >		or 2 or mo	re epis	ode within 12 ho	urs.				
<b>Total Time Res</b>	strained:	<u>'</u> н	ours		9	Minute	s				
₩ Mercy Fitzg	erald Hospi	tal									
	A member of Mercy Heeth System EFUNNUGA, OLUTOKUNBO										
						DOB: 03/06 Adm: 10/7/	/1979 37 2016	Y M	i		
BEHAVIORAL RESTRAINTS (VIOLENT)  ACC: FA1307223089 MR#: F001250247											
		•	Form #PI	Page 2 o 1719, Rev. 01 <i>1</i> 20	08						
H : # 4 (11) 164 (11) 18 (11) 11 (1)	*** 11 # 1 14 \$ 763 1 11 #3}			HTO X MZA	ev i						

				-						
PART III NURSING CARE										
(Nursing to Complete): A. Family Notification /Patie	nt and Eamily E	ducation:		☐ Pt. Refused						
Name of Family Member n	otified:		Date/Time:	Unavailable						
Patient and family educated re	egarding reason	for restraints and given	hospital brochure.							
Behaviors required to disconti	inue the restraint	s were explained to pat	lent and family.	RN Initials:						
B. Continuous Patient Obse	Patient and family educated regarding reason for restraints and given hospital brochure.  Behaviors required to discontinue the restraints were explained to patient and family.  Restraint prevention & use were identified on Interdisciplinary Plan of Care /Team Treatment Plan.  RN Initials:  Continuous Patient Observation and Revised Plan of Care for Restraints / Seclusion:									
			nd / or observations were compl	eted every 15 minutes:						
Behavior, Cognitive Function										
			& Assessment for Patient injury;							
	and restraint re	lease of all limbs one a	t a time - provide every 2 hours and	d more frequently if needed per q.						
15 minute observations.			O b d f thf							
Evaluate need for Food, Flu Behavioral Key:	ilas, Hygiene an	a rolleting; provide ev	ery 2 hours and more frequently if	needed per q. 15 minute observations.						
· •	ombative 3	= Violent 4	= Assaultive 5 = Lou	d/Yelling 6 = Agitated						
7 = Uncooperative 8 = Ca			D = Cooperative 11 = Med	•						
13 = Drank (Describe)		= Other (See Commen		,						
	Circle	Comments/Observations		Assigned Staff Observer Signature						
Tance every to make a believe to the	Restrained Limbs		, , , , , , , , , , , , , , , , , , ,	Thought the second of the second						
	RA LA RL LL									
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C. Reassessment: Nurse rea	assess the patien									
Date:		Time:		-						
☐ Continue Restraints			Title:							
Vital Signs: Time	T P	R	BP/							
<b>}</b>	-	_	teria for restraint removal or rele	ease from locked seclusion:						
Criteria for Removal ☑ as	• • •	•								
☐ Increased behavioral control ☐ Decreased agitation	I □ No assaultive the III No threats of second	reats □ Demonstrates ca of harm □ Follows directions	Im behavior D Improved mental status D ! s D Interacts with staff D/	Improved communication						
•				•						
			Time Ended:							
E. (Psychiatry only) Debriefing	g occurred with p	atient, family & staff and	d recorded on Debriefing Form	L Yes L No						
F. 🔲 Clinical leadership notifi	ied for episode >	12 hours or 2 or more	episode within 12 hours.							
Total Time Restrained:	Ho	ours	Minutes	-						
₩ Mercy Fitzgerald Hospita	al									
A member of Mercy Health System			EFUNNUGA, OLUTOKUNB							
			DOB: 03/06/1979 37 Adm: 10/7/2016	Y M						
BEHAVIORAL RESTRAINTS (VI	EHAVIORAL RESTRAINTS (VIOLENT)  ACC: FA1307223089 MR#: F001250247									
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Page 2 of 2 Form #PH719, Rev. 01/2008 ASM X.OTHER



PAT	ENT HAS HISTOR SITIVITY OR ADVI	Y OF DRUG ALLERG	Y,	DESCRIPTION OF EVENT	PHYSICIAN ORDERS SHEET	= DIODE\ DEO
_					THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG CAN B  Age: Gender:	E DISPENSED
<u> </u>	HECK HERE IF	PATIENT DENIE	S HISTO	RY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	+ · · · · · · · · · · · · · · · · · · ·	
	DATE		FAXED			TRANSCRIBED BY
1 2 3 4	19/13	230U ************************************				
5 6 7 8				B. Alternatives Tried  Companionship: family, friend volunteer Skin Sleeve Increased checks and observation Bed alarm Medication Diversion/Activity/Busy Box Positioning Pillows Other:  RN Signature:   MMANUAL COMPANION CONTROL CON	Decrease Stimuli/Noise Reduction Modify environment Close Observation Toileting/Hydration (q 2 hours while awake) Reviewed/Assessed Medications and Lab values Assessed for underlying problem Assistance with toileting Date: J.S. Time:	
10 11 12 13 14 15 16 17 18 19 20 21 22 23		┸╳⋖╳┞╳⋖╳┞╩⋖⋨⋭⋇⋖⋨⋭⋇⋖⋉⋭⋶⋞⋨⋭⋇⋖⋨⋭⋇⋖⋨⋭⋇⋖⋨⋭⋇⋖⋨⋭⋇⋖⋨⋭⋇⋖⋨⋭⋇⋖⋨		PHYSICIAN ORDERS (Physician to Comp A, Clinical Justification: Let To protect against removal of Lines/Tubes/C	Tittle 1 Dundy Beeper#	
Unic	ess written "Do	Not Substitute	by the	physician, approval is given that all pharmaceuticals order	red by the trade names may be dispensed with the generic ortherapeutic Staff.	altemate in
			ASE N			
	A member of k	zgerald Ho Jercy Health Syste (NON-VIOLE	em	I	EFUNNUGA, OLUTOKUNBO DOB: 03/06/1979 37Y M Adm: 10/7/2016 Acc: FA1307223089 MR#: F001250247	
ÌA	.X.W	HERFÎ		Page 1 of 2 Form \$7.1713, Rev. 01/2008 .4SM.X.OTHER		

Family no Patient/fa	otified of rea mily educa	straint Ited rega	rding reason	for restrair	nt				
B. RESTRAINT OBSERVE	PLAN OF	CARE F	OR NON-VI	OLENT BE	OVIDE PHY	/SICAL CAR 3 color - Prov	E, ide every 2 hours a	nd more frequently if ne	eded
Range-of-m	otion exer	cises ar	d restraint	release of	all limbs on	e at a time -	Provide every 2 hor	urs and more frequently	if needed
					ng; provide	every 2 hou	rs and more freque	ntly if needed	•
PROVIDE S				SURES,					
Assess for s	igns of inju	ry and si	kin integrity.	DESTEAT	NTC				
Assess read			SPUNSE 10	RES I RAI	1413.				
Assess Beh Behavioral Key	avior and e	nter num	ber kev that	best descri	ibes behav	ior:			
1 = Agitated		Confuse		Uncooper		4 = Forge		estless	
6 = Calmer		Sleeping	, 8 =	Following	Instruction	s 10 = resting	9	•	
Type of Restra									
A. Soft Limb			with tray	<u>C</u> . Peel	k-a-boo Mit	ls	D. 3-4 Siderails	•	
Other intervent	ions: <u>4</u>	) (UL	ove_		3/21		<del></del>		
Plan of care im	plemented	as abov	e: Nurse's	Signature	<u> </u>	mu			
Time every 2	Behavior	Type	Circle I	Limb/s	Comme	nts/Observati	ions/Interventions	Assigned Staff Obser	ver Signature
Hours	Key	Code	Restr	ained					
2300	5	AD	(RÁ) LÁ	)RL LL	1+R.			Whender	
0100	6	AD	(A) (A)	RL LL	ourt	isher	d i	Villemster	
0300	10	AD	(RA) (LA)	RL LL	74/			thinal	·
0500	5	4 1	RA	RL LL	MMC	11 12 -	, , , , , , , , , , , , , , , , , , ,	Think	~
0700	70 1	17	(RA) (A)	RL LL	12.11			7/1/1/1/1	
CH.	KI	111			A 55/50	12200 -	TE FOLL MO	000 (5/10)	)
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1226	30			RL LL	Alr	Der -	The land	A Carlo	
10.00		-		PL LL	AIC	Jan .	Man and	2 274/20	
		-	RA LA	RL LL			*		
		<del> </del>	RA LA	RL LL'			· · · · · ·		
					<u> </u>		·	<u> </u>	
		<del> </del>	RA LA	RL LL	ļ			•	
				RL LL	<del> </del>	-			
				RL LL	1				
C. Reassessme	int NUIDO	EC DEA			ET AND DO	KOUMENTO	DEL OW		· · · · · · · · · · · · · · · · · · ·
Date/AM Sh			3714/17	Time:	ANILY	COMENTS	BELOW:		
Continue	Restraint			tient's cond	ition as ass	sessed and d	ocumented		
Nursex Sign			SHI					•	
Evening/PM	Shift: Dat	le:		Time:					
Continue	Restraint	s as war	ranted by pa	tient's cond	lition as as:	sessed and d	locumented	•	
NursexSig	nature	<del> 2 )</del>	<del>,</del> ,		22 ( ) ( )				
Night/FM S					2700	socood and	dagimantad		
Nurses'Sigi				auerik s con	ullon as as	sessed and e	cocumented	0	
D. RESTRAINT				neets crite	ria for rem	oval : ( 🗹 as	s appropriate)	10 11/	
								/ CHA	
Date	<i>44417</i> jir	ne of Res	traint Relea	se/	2(/)	Nurse's Sign	bes/Catheters/Drains ature		
Total Time Res	kratted			urs	- 7 /		Minutes		
Mercy Fitzg	erald Hos	oital	<del></del>						
A member of Merc	y Health System	1					UGA, OLUTOKUN		
						DOB:	03/06/1979 3 10/7/2016	37Y M	
RESTRAINTS (N	ON-VIOLEN	IT)					FA1307223089	MR#: F00125024	17
						****			
taou v omir	anne			Form #PHT19	Page 2 of 2 , Rev. 01/2008		<u>                                    </u>	E O I J I A L DE OI A A LL L L L L D B B	
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SEN	ENT HAS HISTOR SITIVITY OR ADVI	Y OF DRUG ALLE RSE REACTION	RGY, TO	DESCRIPTION OF EVENT	, ,,,	AN ORDERS SHEET	IN DE DIODER
<del>                                     </del>					Age:	ST BE COMPLETED BEFORE DRUG CA Gender:	IN RE DISLENSED
- c	HECK HERE IS	PATIENT DEN	HES HISTO	DRY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	Care Unit:	Shift:	<del>.</del>
M	DATE	TIME	FAXED		ORDERS		TRANSCRIBED
1		1	A I		NON-VIOLENT BEHAVIOR		
ľ			P V		ment and Physician Order		
2		المالم	Š	☐ Initial Assessme	ent Reassessment		
3	· 10/11/	V	Ž I	(Nursina to Complete): A. Nursing Assessment:	1		
$ $	1010		ğ l	Describe current behavior:			1
4	` ``	MU	Ž I	Pulling at Lines/Tubes/Catheters/Dressings	_		
	Pt 1		Y	B. Alternatives Tried	<b>-</b>		
5	V		Ř	Companionship: family, friend volunteer	Decrease Stimuli/Noise	Reduction	
8			ă	Skin Sleeve Increased checks and observation	Modify environment Close Observation		
		1 (	P M	⊋⊒Bed alarm	Toileting/Hydration (q 2	hours while awake)	
7				Medication Diversion/Activity/Busy Box	Reviewed/Assessed Me Assessed for underlying	edications and Lab values	1
	••		M A	Positioning Pillows	Assistance with toileting	j problem	
ľ				Other.	TAda	111/11	J
9			Ä M	RN Signature: DI MUN W	NCCOMMUNICO)	114116 2000	기
		i	P I	KN Signature.	Date.	· yii)ie	
10			Ž	BUVEIGIAN OBDEDS /Bhysisian to Comple	nta).	-	
11			Š.	PHYSICIAN ORDERS (Physician to Comple A. Chrical Justification:	•		
			Ž,	To protect against removal of Lines/Tubes/Ca	atheters/Dressings.		
12				B. Time: APPLY FROM (TIME)	2000		
13				APPLY FROM (TIME)	(TIME) 0 AMPM - 2	4 HOUR MAXIMUM	
				C. Type of restraint:	X-211		
14				Soft Limb:	2 Point □3P	oint .	
15	•			Peek-a-boo Mitts	,	•	
."				3-4 Sideralis			
16			ă l	D. Attending physician notified of restraint	<b>A</b>		
			Ŗ I	E. Signatures:	-A( )		
17		1 1		100 0 (/	1)//		
18			YN I	Date Time. Physician	15171.	•	-
				10) well (2001)	Beenger# _	11111111	
19				Date Nurse Signature and		MCCASU	7
20			M I	Date: Unit Secretary Signate	ure		
ارا			Š				
21				•			
22			X I				
Н	-						
23			À				
$\bigsqcup$					,		
Unie stock	ss written "Do as defined b	Not Substitu	te" by the lealth Sv:	physician, approval is given that all pharmaceuticals order stem's Pharmacy & Therapeutic Committee of the Medical S	ed by the trade names may be disp Staff.	ensed with the generic ortheraper	rtic alternate in
			EASE N				
100	Mercy Fit	raerald H	ospita				

A member of Mercy Health System

RESTRAINTS (NON-VIOLENT)

EFUNNUGA, OLUTOKUNBO-DOB: 03/06/1979 37Y Adm: 10/7/2016 Acc: FA1307223089

MR#: F001250247



A. (Nursing to Eamily no Patient/fa	otified of rea mily educa	straint ted rega	rding reason for restrale	ņt			•						
B. RESTRAINT OBSERVE A Check circu Range-of-m Evaluate ne PROVIDE S Assess for s ASSESS BI Assess reac Assess Beh	3. RESTRAINT PLAN OF CARE FOR NON-VIOLENT BEHAVIOR OBSERVE AND INTERACT WITH PATIENT AND PROVIDE PHYSICAL CARE, Check circulation in limbs - For the presence of pulses and good color - Provide every 2 hours and more frequently if needed Range-of-motion exercises and restraint release of all limbs one at a time - Provide every, 2 hours and more frequently if needed Evaluate need for Food, Fluids, Hyglene and Toileting; provide every 2 hours and more frequently if needed PROVIDE SAFETY AND COMFORT MEASURES, Assess for signs of injury and skin integrity. ASSESS BEHAVIOR AND RESPONSE TO RESTRAINTS. Assess readiness for release Assess Behavior and enter number key that best describes behavior: 3ehavioral Key:												
1 = Agitated		Confuse	d 3 = Uncooper	rative	4 = Forgetful	5 = Res	tlace						
6 ≠ Calmer	_		•		_	J 1/63	(1099						
		Sleeping	8 = Following	ansu ucuon	s ro-resung								
	Type of Restraint Code:												
A. Soft Limb	A. Soft Limb B. Geri chair with tray C. Peek-a-boo Mitts D. 3-4 Siderails												
Other intervent	lions:			AC 110	A CV 11 10 to	<u> </u>	<del></del>						
Plan of care in	plemented	as above	e: Nurse's Signature	7)/UC	Councy or	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
Time every 2 Hours	Behavior Key	Type Code	Circle Limb/s Restrained	Comme	nts/Observations/Inte	rventions	Assigned Staff	Observer Signature					
2000	1	4-17	(RA (LA) RL LL	3000	CITTROD	10m	MILLER	*MINAIN~					
2200	<del></del>	<del>LYK</del>	RAYLA) RL LL	1 Ahn	(0)0	100700	21/1/1/10	Chair I All Au					
The second secon	10	W-K	AA RL LL	1 TOXA)	CIRCLE 1/2	71		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
0000	2	TH R		<b> </b>	- P-X 141	100	7)/1/1	Survey					
0.900	7	TITY.	(RA) LA) RL LL	HEIR	Estimble a	120 m	9 yur	January.					
0400	10	AU	BACLA RL LL	1	hed sessos	ational	19)/VC	ymun					
0600	10	IAD	(RA) LA) RL LL	MI	: 9x 11R	me.	EMICK.	amu M					
			RA LA RL LL					<i></i>					
			RA LA RL LL	1									
			RA LA RL LL										
			RA LA RL LL										
<del></del>			RA LA RL LL	<u> </u>	11 - 18 4 / E-18 4 E-18								
		1	RA LA RL LL	<del>                                     </del>									
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			RA LA RL LL	<u> </u>									
			RA LA RL LL	ļ									
	<u> </u>		RA LA RL LL	<u> </u>									
C. Reassessm	ent: NURS	ES REAS	SSESSES EVERY SHI	FT AND DO	CUMENTS BELOW	<b>:</b>							
Date/AM Sh	ift: Date:		Time: _		<del></del>								
			ranted by patient's cond	lition as ass	sessed and documen	teđ							
. NurseySig					· · · · · · · · · · · · · · · · · · ·	-							
Evening/PM	Shift: Dat	e:	Time:	111									
		s as wan	ranted by patient's cond	lition as as:	sessed and documen	ited_		-					
Nurses Sig Night/PM S	hift. Date.	1751	15/16 Time:	57	70/1	-	-						
Continu	e Restrain	ts as wal	rranted by patient's con	dition as as	isessed and docume	nted	٠.						
Nurses'Sig	nature 7	10M	with MIC	9 M									
D. RESTRAINT	S DICONTI	INUATIO	N: patient meets crite	ria for rem	oval : ( 🗹 as approp	_ oriate)							
			Ability to follow instruct										
					Minute								
<u></u>	110010												
A member of Men	Mercy Fitzgerald Hospital  Amember of Mercy Heeth System  EFUNNUGA, OLUTOKUNBO  DOB: 03/06/1979 37Y M  Adm: 10/7/2016												
RESTRAINTS (N	ION-VIOLEN	IT)			Acc: FA130	7223089	MR#: F001	250247					
				Page 2 of 2									

Form #PH719, Rev. 01/2008 ASM.X.OTHER

PATI	ENT HAS HISTORY SITIVITY OR ADVE	OF DRUG ALLE RSE REACTION 1	RGY, TO:	DESCRIPTION OF EVENT	PHYSICIAN ORDERS SHEET THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG CAN	BE DISPENSED
	77.1				Age: Gender:	-
<b>0</b> ç	HECK HERE IF	PATIENT DEN	IES HIST	DRY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	Care Unit: Shift:	
	DATE	TIME	FAXED		ORDERS	TRANSCRIBED BY
1			À		R NON-VIOLENT BEHAVIOR ment and Physician Order	
2			A C	☐ Initial Assessme		
3		į	32.5.4	(Nursina to Complete):  A. Nursing Assessment: Describe current behavior:		-
4			SAS	Pulling at Lines/Tubes/Catheters/Dressings Other Sulful Prowints/3	oz <sup>i</sup> d	
5			P M A	B. Alternatives Tried		
6			50.3 4 5 lo	☐ Companionship: family, friend volunteer ☑ Skin Sleeve ☒ Increased checks and observation	□ Decrease Stimuli/Noise Reduction     □ Modify environment     □ Close Observation	
7			3456	12 Bed alarm 12 Medication ☐ Diversion/Activity/Busy Box	Tolleting/Hydration (q 2 hours while awake) Reviewed/Assessed Medications and Lab values Assessed for underlying problem	
8		ļ!	M A	Positioning Pillows  Other:	Assistance with toileting	
9			P M Q		Date: 10/18/16 Time: 0500	
10		j	P M A	RN Signature: 1/1 - 1/2 APVID 100	Date: Life IIme: See	-
11	•		2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	PHYSICIAN ORDERS (Physician to Compl A. Clinical Justification: To protect against removal of Lines/Tubes/C	ete):	
12			X X X Y	B. Time:	O (TIME) OSO) AM/PM - 24 HOUR MAXIMUM	
13			MA MA	C. Type of restraint:	//////////////////////////////////////	
14			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	☑ Soft Limb: ☐ 1 Point ☐ Gerri Chair with Tray ☐ Peek-a-boo Mitts	□ 3 Point	
15			M M	☑3-4 Siderails		
16			A P	D. Attending physician notified of restraint		
17			A M P	E. Signatures:	1111	
18				Date: 10/18 Time: 0500 Physician	Mh Kurar	
19	į			Date: 10/18 Time: 0500 Nurse Signature and	title Alysm Rassio W	·
20			M A M	Date: Time: Unit Secretary Signal	ture	
21			NA A M			
22			M A M			
23			P M A			
L		1				<u> </u>
Unic stoc	ess writen "Do k as defined b	Not Substite the Mercy	ite" by th Health S	e physician, approval is given that all pharmaceuticals order estem's Pharmacy & Therapeutic Committee of the Medical	red by the trade names may be dispensed with the generic ortherapeu Staff	uc alternate in
		Pl	EASE	NOTEIII DO NOT WRITE ON REVERSE	SIDE OF THIS FORM.	

Mercy Fitzgerald Hospital A member of Mercy Health System

**RESTRAINTS (NON-VIOLENT)** 

EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 37Y Adm: 10/7/2016 M

Acc: FA1307223089

MR#: F001250247



Mercy Fitzgerald Hospital A member of Mercy Health System

**RESTRAINTS (NON-VIOLENT)** 

EFUNNUGA, OLUTOKUNBO

DOB: 03/06/1979 37Y

Adm: 10/7/2016

Acc: FA1307223089 MR#: F001250247

Page 2 of 2 Form #PH719, Rev. 01/2008 ASMXOTHER

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PAT	ENT HAS HISTORY SITMITY OR ADVE	OF DRUGALLE	RGY,	DESCRIPTION ∩= EVENT		PHYSICIA	N ORDERS SHEET	
_					THIS DRUG REACTION	ON HISTORY MUS	T BE COMPLETED BEFORE ORUGICAN Gender:	BE DISPENSED
00	HECK HERE IF	PATIENT DEN	IES HISTO	DRY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	کے۔۔۔۔ Care Unit:	1cu	Shift:	7/27
	DATE	TIME	FAXED		ORDERS	,		TRANSCRIBED BY
1		ĺ		BEHAVIORAL R PART I FOR VIOLENT OR SE				
2			X	PART I FOR VIOLENT OR SE	FL DE2 (KOCU)	E BEHAVIOR	•	
		Į.		(Nursing to Complete):				
3			싦	A. Nursing Assessment: Assaultive/	Risk of injury pressive Behavior			
4			A A A A	☐ Combative/Striking Out ☐ Unsafe Beh ☐ Self-Abusive ☐ Persistent a	avior due to impa Iggressive verbal	ilred Judgmen	V Cognition/ Psychosis	
5				☐ Sulcidal ☐ Hitting/ Kick ☐ Throwing Objects ☐ Behavior Da	angerous to Self of	or Others		
			PM A	☐ Damaging Property ☐ Other: ☐ Self-Mutilating				
ľ			M P M	B. Identify the less-restrictive alternatives	tried in order t	o modify be		
7			AM MA	De-escalation Calming Medication PEAT Code Family Members Active Listening Allow to Ventilate	1:1 Observa Diversion/Ac	tion ctivity	Set Clear, Firm Limits Quiet Room / Time-Out	
8			**************************************	Active Listening Allow to Ventilate Other/Describe:	Minimum Sti		Offer Alternatives / Choices	
9				C. Patient's Response to Above Alternatives:				
10			Ä A	C. Patient's Response to Apove Alternatives:	T			
31	,		P A					
12			M A	The above alternatives have been tried and restrictive restraint interventions.	d have been ur	nsuccessful	; there is a need for more	
1			XI XI	RN Signature:	Da	- ate:	Time:	
13				PART II PHYSICIAN ORDERS (Physician to		-	•	
14			A M P	A. Clinical Justification: Imminent danger of harm to self or others Other:		e/ Assaultive/	Violent behavior	
15		ļ	Ä I	B. Time: Ages 18 & above -4 hour max. / Ages 9 to	17 years - 2 hou	ır max. / Unde	r 9 years of age - 1 hour max.	
16			Å	APPLY FROM (TIME) AM/PM TO	(TIME)	AMPM		
17			P.	C. Type of restraint:    Locked Seclusion (Psychiatric Units Only)				
"				3-4 Side rails	_	_		
18			AI I	Soft Limb	3 Point	2 Point		
19				☐ Other  D. Continuous observation face-to-face by assignment of the continuous observation face-to-f	oned staff for du	ration of epis	ode.	
20			ZAZA ZOZAZOKA ZOKA ZOKA ZOKA ZOKA ZOKA Z	Note: Face-to-face LIP / Physician visit must be E. Signatures:				
21			Ã	Licensed Independen	Facutioner			
22			P M	Date: Signature		i	Pager#	
			M P	Date: Date: Unit Secretary Signat	11	Jakl	<del>/</del>	
23			Ã.	Date: //- /jme: Registered Nurse Sig  If verbal order, read back and verified by	nature. 19/1	OCCO	RN	ļ
Unk	ss written "Do				ed by the trade nam	nes may ha disn		ic alternate in
stoc	k as defined b			physician, approval is given that 로 pharmaceuticals order stem's Pharmacy & Therapeutic Committee of the Medical t IOTEIII DO NO자상RITE CN REVERSE	Staff,	ODM		wholesale at
	Mercy Fitz		<u>.EASE N</u> Iospita		SIDE OF INIS F	UKW.		
W	A member of M				FUNNUGA, OLI	ILOKIDABO.		
D.	HAMODA:	DECTOR	NTO AT	l Do	OB: 03/06/1	1979 37	М	
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				Form #PH719, Rev. 01/2008 ASM.X.OTHER				

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PART III NURS									
(Nursing to		ent and Family E	idusation.					☐ Pt. Refu	no of
Name of Far			<i>''</i>	uder.	DateЛi	me: <u>/0-/-</u> 9	5-16 F	J Pt. Reid ] Unavaila	sea able
			-/	given hospital t					
Behaviors requi	red to discon	regarding reason tinue the restraint	s were explained	to patient and f	amily.			***	M
		ere identified on				ın.	RN In	itials:	- /-
		ervation and Rev				- aammintad	OVOTA 4E m	Inutant	
		ture signifies the on, Response to				: completed	every 15 m	mutes:	
		pulses & good co				t injurv:			
		and restraint re					re frequently	if needed	i per q.
15 minute obse									•
		uids, Hygiene an	d Toileting; prov	ide every 2 hou	rs and more frequ	uently if need	ed per q. 15	minute of	oservations.
Behavioral Key		ambatha 2	- \ <i>f</i> iclesh	4 m Assau	W1 C	- 1	c	لدماملاحه	
1 = Threatenin 7 = Uncoopera	•		= Violent = Quiet	4 = Assau		= Loud/Yel	-	Agitated	oriba\
13 = Drank (De			= Quiet = Other (See Co	10 = Coope	stative j	1 = Medicate	12 -	Ate (Des	chbe)
			· · · · · · · · · · · · · · · · · · ·						
Time every 15 min	Behavior Key	Circle Restrained Limbs	Comments/Observ	vations/Intervention	ons	Assi	gned Staff Ob	server Sign	iature /
West A			0, 000				- A	10%	9-1
0000	<u>Q</u>	RA (LA) RI(TLI)	-10 /28 St.	ing or	>>	//	nga	NOIC	
0015	<u>X</u>		Medicali	over /	lyoules	<u>ed</u>	16	enas	GG C
0030	9	SA TA (BL)	4//001	tra V	( <del>)</del>		MY	NON	
0045	<del></del>	EX LABILLI	K/ /U	Henry	<u> </u>			ya	(KAX)
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0(15	7	RAVA(RI(LI)	- F	esurg	7 055		TYC	Was C	20U
0130	<del></del>	RA(LA(RU(L))	//gu	An Cake	le, X6		Might	WACK	<del>2</del>
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0000	-9	RALABILLY	Min	ij 1/55			Megi	مرمرر	195  -
0215	<u> </u>	EAK ARKLY		The state of the	<u> </u>		- Jul	<u>U () ()</u>	
0230	4		- Residence	iney 1/3	<u> </u>		/Y(L)	Vale	
0245	4	RP (B/RJ(LL)	- Cong	E (V55	1 057		- J. Y. Y.		ygy_
0300	7	RAJARIJU	- GAL	ing 10	is corte	ney	VYCC	UIC	
03/5		RAJLA/RLJLIJ	100 E	<del>- 11 //-</del>			- COPP	yy ji	1600
	ant: Nursa ra	assess the patien	t at the end of the	The ordered o	ruhan ralassad		190		
Date:		assess the patien			330)				
	0 00	1111	1 '	4	1 -				
-	KY PIL	dated b	ut in	Uctive	115.				
Continue	Restraints	☐ New òrde	obtained Sign	ature/Title:					
Vital Signs:	Time	T P	-						
, -		: The petient has				I or reiease i	from locked	l seclusio	n:
L .		appropriate, com		-	-	-			•••
		oi 🗆 No assaultive ti			☐ improved mental :	status 🖸 Improv	red communica	ition □ Oth	er
☐ Decreased	agitation	□ No threats of se	if harm 🖸 Follows di	rections	☐ Interacts with staf	f 🖸 Agrees	to Safety Con	tract	
Signature/T	itle:		Date End	led:	Time Endo	ed:	_AM/PM		
E. (Psychiatry o	nlv) Debriefin	ng occurred with p	atient, family & st	aff and recorded	d on Debriefing Fo	orm [	Yes □ No	1	
1		ified for episode >			_				
	•	•		ilioie episode w					
Total Time Res	trained:	Н	ours		_ Minutes				
Mercy Fitzg		tal							
A member of Merc	y Health System			EFU	NNUGA, OLUTOI	KUNBO			
DEHAMODA! =	E07844:	#01 F1**		DOB	: 03/06/1979 : 10/07/16	9 37 M			
BEHAVIORAL R	E5 (KAIN 15 (	riolen I)		ACC	FA130722308	89 MR:F00	1250247		
							R     <b>   </b>		
			Page	2 of 2			11 11 11		
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				•					

PA	TIENT HAS HISTORY	OF DRUGALL	ERGY,	DESCRIPTION OF EVENT PHYSICIAN ORDERS SHEET	
Pie	ASILIVITY OR AUVE	KSE REACTION		THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG CAN BE	DISPENSED
_				Age: 37. Gender: Male Shift: 100 Shift:	HR-7A
	CHECK HERE IF	TIME	FAXED		ANSCRIBED
<u> </u>		<del></del> -1	<u> </u>	BEHAVIORAL RESTRAINT ASSESSMENT	BY
1		ł	X AKA	PART I FOR VIOLENT OR SELF DESTRUCTIVE BEHAVIOR	
2			Ä M	☐ Indial Assessment ☐ Reassessment	
١.	1		M I	(Nursing to Complete):  A. Nursing Assessment: Assaultive/ Risk of Injury	
3		}	×	Severe Agitation: Frioent/ Aggressive Behavior	
4	;		24K>	Combative/Striking Cut: Unsafe Behavior due to Impaired Judgment/ Cognition/ Psychosis Self-Abusive Persistent aggressive verbal threats Hitting/ Kicking/ Biting	
5			X X	☐ Throwing Objects ☐ Defizior Dangerous to Self or Others	
١.			X	☐ Damaging Property ☐ Other:	
ľ			<u> </u>	B. Identify the less-restrictive alternatives tried in order to modify behaviors:	
7			KAM M	De-escalation Gatiffing Medication 1:1 Observation Set Clear, Firm Limits PEAT Code Farmly Members Diversion/Activity Quiet-Room / Time-Out	
8			K A A A A A A A A A A A A A A A A A A A	□ PEAT Code □ Family Members □ Diversion/Activity □ Quiet-Room / Time-Out □ Active Listening □ Allow to Ventilate □ Minimum Stimulation □ Offer Alternatives / Choices □ Other/Describe:	
١.			M		
10			<u> </u>	C. Patient's Response to Above Alternatives:	
"	Ί		M		
11	·		× ΑΜ P		
12	2		M M P	The above alternatives have been tried and have been unsuccessful; there is a need for more restrictive restraint interventions.	
13	s		A	RN Signature: Mewallow Date: 10-16-14 Time: 2015	
14	•		⋶⋥⋸⋗⋩⋪⋜⋗⋩⋪⋦⋗⋸⋪⋦⋗⋸⋪⋸⋗⋸⋪	PART II PHYSICIAN ORDERS (Physician to Complete):  A. Clinical Justification:  [] Imminent danger of harm to self or others  [] Imminent danger of harm to self or others	
15	5		M A M	Other:  B. Time: Ages 18 & above -4 hour max. / Ages 9 to 17 years - 2 hour max. / Under 9 years of age - 1 hour max.	
16	 		2 2 2 2	APPLY FROM (TIME) 2015 AMPM TO (TIME) 2015 AMPM	
ļ.,			P M	C. Type of restraint: 18-16-16 /0-17-16  [] Locked Seclusion (Psychiatric Units Only)	
17	7		2 <u>2</u> 0	3-4 Side ralls	
16	3		X	☐ Cocked Velcro Restraints ☐ 4 Point ☐ 3 Point ☐ 2 Point ☐ 2 Point ☐ Soft Limb ☐ 4 Point	
11	•		M A	Other	
20	<b>,</b>		<u> </u>	D. Continuous observation (ace-to-face by assigned staff for duration of episode.  Note: Face-to-face LIP / Fhysician visit must be completed within one hour and progress note written.	
21			M M	E. Signatures:	
-			Ω P	Date: Time: Signature Pager#	
2	2		M M		
2	,	Ì	M	Date: Time: Unit Secretary Signature Date: Time: Registered Nurse Signature	
			<u>A</u>	If verbal order, read back; and ventied byRN	
Uni	less written *Do	Not Substa	ule" by th	e physician, approval is given that all pharmaceuticals ordered by the trade names may be dispensed with the generic ortherapeutic at stem's Pharmacy & Therapeutic Committee of the Medical Staff.	temate in
otz	ck as defined by	the Mercy Pi	Health Sy LEASE I	Stem's Pharmacy & Therapeutic Committee of the Medical Staff.  IOTE!!! DC NO? WRITE ON REVERSE SIDE OF THIS FORM.	
<b>H</b>	Mercy Fit			· · - · · - · · · · · · · · · · ·	
•	A member of M	ercy Health S	ystem	EFUNNUGA, OLUTOKUNBO	
_			A1994	DOB: 03/06/1979 37 M ADM: 10/07/16	
8	EHAVIORAL	RESTRAI	NTS (VI	ADM: 10/07/16 ACC: FA1307223089 MR: F001250247	
				Page 1 of 2 Fon 16F753, Rev. G1/2008 ASMX.OTHER	

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PART III NURS						_	•				
(Nursing to Complete): A. Family Notification /Patient and Family Education: Name of Family Member notified:											
Name of Fan	nily Member i	notified:		p/ 3	ρυ	MC Date	e/Time: <u>///</u>	-16-16	☐ Unava	lable	
Patient and fam	aly educated	regarding reason tinue the restraint rere identified on I	for restraints	and given h	ospital b	rochure.				. 1	
Restraint preve	ntion & use w	ere identified on I	s ware expla nterdisciplina	ined to patte ary Pian of C	are /Tea	mily. m Treatment	Plan.	R	N Initials:	M.	
B. Continuous	Patient Obs	ervation and Rev	∕ised Plan o	f Care for R	estraints	s / Seclusion	:				
Assigned obse	rver's.signa	ture signifies tha	at the follow	ing care and	d / or ob	șervations w	rere compl	eted every 1	5 minutes:		
		on, Response to pulses & good co					iont Injury				
		and restraint re							ently if needs	ed per a.	
15 minute obse					F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- (10 a. b a. b		,	- p 4	
		uids, Hygiene an	d Toileting;	provide ever	ry 2 hour	s and more fr	equently if	needed per q	. 15 minute	observations.	
Behavioral Key  1 = Threatenin		ombative 3	= Violent	4	= Assauli	tino	5 = Lou	dNolling 6	S = Agitate		
7 = Uncoopera	_		= Quiet	-	- Coopei		11 = Med	•	2 = Agitate 2 = Ate (De		
13 = Drank (Des			= Other (Se		•	10040	11-1466	ilogica	12 - Ale (De	Johnson	
Time every 15 min	Behavior Key			Nanoitevread	<u> </u>	ns		Assigned Sta	ff Observer Si	onature	
,	,	Restrained Limbs									
2015	3,6	EALLA RL (L)	CEPT	code	Se	curity	Calle	7	/ Thea	WUN	
2030	6	RAKARILU	Buck	In bed	1-4	of lock	nestra	ite 1	Melid	alle	
2045	6	(RA) (A) (RL)(L)	Medi	ation	191	Men)	- , <del>105214.10</del> 2	/	Medo	1CK	
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2315	4	MARIO	N B/V	Win	di ·	Hon	/	1 2	1600	7/2	
2330	<b>6</b>	FALAGU (I)	<del>- 12/-/</del> 1	late of		2000	<del>/</del>	1	1000		
23//	19	(PA) (API)	21/1	extent	1 /	on:		1	OITO N	(a)	
C. Reassessme	ent: Nurse re	assess the patien	t at the end o	of the time of	dered or	when release	ed.				
Date:					10 /	12345		<b>-</b> . ,			
—— <i>F</i>	7 000	tui in	0/	<u>'S</u>	was	reon	, GIVI	<del>~</del>	<del></del> -		
						1 8 1	110	<del> </del>	·		
☐☐ontinue		☐ New order		-		reio	JAK	,			
		TP:_					<del>-</del>				
1		: The patient has		-	ria tor re	estraint remo	oval or rele	ase from loc	ked secius	on:	
		appropriate, com of D No assaultive th			hahaviar I	□ Improved may	ntal etatue [] i	mproved comm	unication FIO	ther	
□ Decreased		☐ No threats of se	if harm D Folk	ows directions	Deliavior i	☐ Interacts with	staff D/	grees to Safety	Contract	uici	
Signature/T	itle:		Date	Ended:		Time E	nded:	AM/PM	1		
	_	ng occurred with p									
		fied for episode >					_				
Total Time Res	•	-	ours .	2 01 111010 01	/10000 IN		•				
			ouis .			. Minutes					
Mercy Fitzg		tal									
	, 170-270,000			İ		INNUGA, OL					
BEHAVIORAL RI	ESTRAINTS (\	/IOLENT)			ADN	3: 03/06/ 4: 10/07/	16				
					ACC	:FA13072	23089 MF	:F001250	247		
<b>8</b> 88 M 8 873 1778 1788 1887 91											
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PAI SE	MENT HAS HISTOR	Y OF DRUG ALLE RSE REACTION 1	RGY, TO:	DESCRIPTION OF EVENT	PHYSICIAN ORDERS SHEET	
					THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRUG CAI Age: Gender:	N RE MISPENSED
100	HECK HERE IF	PATIENT DEN	DES HIST	ORY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTION		-
	DATE	TIME	FAXED		ORDERS	TRANSCRIBED
١.		[á	<u> </u>	RESTRAINTS	FOR NON-VIOLENT BEHAVIOR	· · · · ·
۱,	, ,		P	Restraint Ass	sessment and Physician Order	
2		- 1	Å	☐ Initial Asses	ssment Reassessment	
3			P M M M	(Nursina to Complete):  A. Nursing Assessment:  Describe current behavior:		
4			P M A M	Pulling at Lines/Tubes/Catheters/Dressin	ngs	
			M'	B. Alternatives Tried		
5			AMP MAMP MA	Companionship: family, friend voluntee	Pr Decrease Stimuti/Noise Reduction	
le			M.	Skin Sleeve	Modify environment	
	,		ř	☐ Increased checks and observation ☐ Bed-alarm	☐ Close Observation ☐ Toileting/Hydration (q 2 hours while awake)	'
7		i U	M	☐ Medication ☐ Diversion/Activity/Busy Box	Reviewed/Assessed Medications and Lab values Assessed for underlying problem Assistance with tolleting	
8		ا ا	A M	Positioning Pillows Other:	Assistance with tolleung	
9		l !	Á	6 (1)	MA Date: 4/11/16 Time: 2201	
] *	-	•	M	RN Signature: \Quan (fn)	Date: Time:	
-10	1		<u> </u>			1
11	].		MA M	PHYSICIAN ORDERS (Physician to Con A. Clinical Justification:		
12			P M	To protect against removal of Lines/Tuber  B. Time:	s/Catheters/Dressings.	`
"			A P M A M A M		N TO (TIME) 22N AWPM - 24 HOUR MAXIMUM	
13			A M	C. Type of restraint:		· ·
14			M M	Soft Limb: 1 Poir	int 2-Point 3 Point	
15	:			☐ Peek-a-boo Mitts ☐ 3-4 Siderails		
16			M M	D. Attending physician notified of restraint		
17			M A M	E. Signatures:	$\neg \Omega$	
18			M M	Date: Time: Physician	127°	
19			M M		Beeper#	
."		-		Date: 1/1/1/4 Time: 220 Nurse Signature a		
20			M M	Date: Time: Unit Secretary Sig	gnature	1.
21			P M A			
22			P M	•		
			X		·	
23			- A			
Ļ		Net Cubeti			adecad by the lands some marks discussed with the second state of	to alternate in
stoc	ess written "Do k as defined b	y the Mercy I	ne by th Health S	e priysician, approval is given that all pharmaceuticals o stem's Pharmacy & Therapeutic Committee of the Med	ordered by the trade names may be dispensed with the genenc ortherapeu dical Staff.	uc aitemate in
		PL	EASE	NOTEIII DO NOT WRITE ON REVER	RSE SIDE OF THIS FORM.	
	Mercy Fit			d ·	BELINDLICA OF THEORY PARTY 201	,
	A member of M	ercy Health Sy	rstem		EFUNNUGA, OLUTOKUNBO 50 S DOB: 03/06/1979 37Y M Adm: 10/7/2016	
R	STRAINTS	(NON-VIOL	LENT)		Adm: 10/7/2016 Acc: FA1307223089 MR#: F001250247	

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Form #PH719, Rev. 01/2008 ASM.X.OTHER

PĂT	ENT HAS HISTOR	Y OF DRUG ALLE	RGY,	DESCRIPTION OF EVENT	PHYSICIAN ORDERS SHEET	· [
	ENT HAS HISTOR SITINITY OR ADVE	RSE REACTION	TO:	DESCRIPTION OF EVENT	THIS DRUG REACTION HISTORY MUST BE COMPLETED BEFORE DRU	
	<del></del>	· · · · ·			Age: Gender:	
Пс	HECK HERE IF	PATIENT DE	NIES HIST	ORY OF ALLERGIES, SENSITIVITIES OR ADVERSE REACTIONS	Care Unit:S	hift:
	DATE	TIME	FAXED		ORDERS	BY
1			A		R NON-VIOLENT BEHAVIOR	
			P)		sment and Physician Order	
2		[		Initial Assessm	ent Reassessment	
3			M A	(Nursina to Complete): A. Nursing Assessment:	•	
٦	- 1.10.		<u>M</u>	Describe current behavior:		
4	10/8/14	2000	Ä	Pulling at Lines/Tubes/Catheters/Dressings	<u>.                                    </u>	-
			M	B. Alternatives Tried	<b>.</b>	-
5			M.	Companion ship: family, friend volunteer	Decrease Stimuli/Noise Reduction	
6			Ä	Skin Sleeve	Modify environment Close Observation	
			P	Bed alarm	Toileting/Hydration (g 2 hours while awake)	
7	1		A	Medication Diversion/Activity/Busy Box	Reviewed/Assessed Medications and Lab values  Assessed for underlying problem	•
.8			M	Positioning Pillows Other:	Assistance with tolleting	İ
-				ALI Other:	<b></b> '	
9			Ä M	DN Standurg O -OB DWHBW	Date: 10/8/16 Time: 2000	
١	ł		P K	My Signature. Market & M. Z. Mary F. M.		
10		1 1	KIPKAKOKOKOKOKOKOKOKOKOKOKOKOKOKOKOKOKOKOK	PHYSICIAN ORDERS (Physician to Compl	ato).	
11	ĺ		á	A. Clinical Justification:		
			P M	To protect against removal of Lines/Tubes/C	atheters/Dressings.	
12	]		Ä	B. Time:	O (TIME) 2000 AM/PM - 24 HOUR MAXIMUM	
13			M A		AND IN - 24 HOOK INAMINON	
-			<del>8</del>	C. Type of restraint:	2 Point □3 Point	
14			A M	Gerri Chair with Tray	A POINT SPONK	
15	_		M	Peek-a-boo Mitts	•	
"	·		M	☑ 3-4 Siderails		
16			Ă	D. Attending physician notified of restraint		
		1 1	P	E Signatures		
17			Ã	E. Signatures.	1 10/1	
18	· .			Date: 1218 Time: 2000 Physician 200	Whike there	[
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19	İ		설	Date: 10/8 Time: 2000 Nurse Signature and	trile Warmer Mulletra	
20			Ä	Date: Time: Unit Secretary Signa	ture	<b>—</b> [
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	ļ .		P			
23			Ä M			-
Ĺ			Å M		•	•
Unic stoc	iss written *Do k as defined b	Not Substite  y the Mercy	ute" by th Health S	e physician, approval is given that all pharmaceuticals orde ystem's <u>Pharmacy &amp; Therapeutic Committee of the Medical</u>	red by the trade names may be dispensed with the generic orthe Staff.	rapeutic alternate in
_				NOTEIII DO NOT WRITE ON REVERSI	SIDE OF THIS FORM.	
A	Mercy Fit			al ,	FUNNUGA, OLUTOKUNBO	
	A member of h	AUTCY MESTIN S	ystem	r	OB: 03/06/1979 37Y M	
RF	STRAINTS	(NON•VIO	LENT	7	Adm: 10/7/2016	17
		,	,	'	Acc: FA1307223089 MR#: F00125024	± /

Form #PH719, Rev. 01/2008 ASMLX.OTHER

A. (Nursing to	Complete):	traint											
☐ Patient/fa	. (Nursing to Complete):  ☐ Family notified of restraint ☐ Patient/family educated regarding reason for restraint ☐ Restraint prevention and use identified on care plan												
	☐ Patient/family educated regarding reason for restraint ☐ Restraint prevention and use identified on care plan ■ RESTRAINT PLAN OF CARE FOR NON-VIOLENT BEHAVIOR												
B. RESTRAINT	RESTRAINT PLAN OF CARE FOR NON-VIOLENT BEHAVIOR OBSERVE AND INTERACT WITH PATIENT AND PROVIDE PHYSICAL CARE,												
OBSERVE AND INTERACT WITH PATIENT AND PROVIDE PHYSICAL CARE,  Check circulation in limbs - For the presence of pulses and good color - Provide every 2 hours and more frequently if needed													
Range-of-motion exercises and restraint release of all limbs one at a time - Provide every 2 hours and more frequently if needed													
Evaluate need for Food, Fluids, Hygiene and Toileting; provide every 2 hours and more frequently if needed													
PROVIDE SAFETY AND COMFORT MEASURES,													
Assess for signs of injury and skin integrity.													
ASSESS BEHAVIOR AND RESPONSE TO RESTRAINTS.													
Assess readiness for release Assess Behavior and enter number key that best describes behavior:													
Sehavioral Key:													
= Agitated 2 = Confused 3 = Uncooperative 4 = Forgetful 5 = Restless													
3 = Calmer 7 = Sleeping 8 = Following instructions 10 = resting													
Type of Restraint Code:													
A. Soft Limb			with tray		k-a-boo Mit	ls <u>D.</u> 3-4	Siderails						
Other intervent		0 1	e 1 section	B	~	2.0.							
			e: Nurse's Si	gnature	Done	D. L.Ougor		1					
Time every 2 Behavior Type Circle Limb/s Comments/Observations/Interventions Assigned Staff Observer Signature													
Hours Key Code Restrained													
Restrained  2000 9,10 AD GACYA RL LL ROOM TOR, A GUISCH, CIRCY Man Contract (A)  0000 40 AD (RA LA RL LL ROOM, TOR, A GUISCH, CIRCY MONTHA)													
0000	40	AD			Ram,		ucircul.	Dang helost	ex)				
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านเก	0810 AD BALLA RL LL RM TOR HOUSE, CIRCL (King) a Control OUID 7:10 AS (RAXLA RL LL RIMM, TOR, DRIVER, CIRCL)												
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7 Continue	Restraints	s as wan	anted by satie	nt's cond	1900	sessed and docume	nted						
NursexSia	nature	1019	116 //m	Om	Outs		_						
Night/PM S	hift: Date:	10/5/	Tu	Time:	مرح								
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Nufses Sign		NILATIO		att	ria far ram	oval: ( 🗹 as appro							
			•			ing on Lines/Tubes/Cath							
Date	Tim	uressings ie of Res	traint Release	OW INSUDCE	JOHS - HOL PUL	Nurse's Signature _	referant ans						
Total Time Res	trained:		Hours	3		Minute	es						
Mercy Fitzg	erald Hos	oital											
A member of Merc			_				OLUTOKUNB						
			-			DOB: 03/00 Adm: 10/7	5/1979 37 /2016	Y M					
RESTRAINTS (N	ON-VIOLEN	T)				Acc: FA13		MR#: F001250247					
				•		***   = *** - *							
<b>.</b>			-	#DU740	Page 2 of 2			<u>                                      </u>					

Patient Instructions Signature Page

Patient Name: EFUNNUGA,OLUTOKUNBO
Account Number: FA1307223089
Date of Birth: Mar 6, 1979

Guardian Name: MOBLEY,SHEREE

The above-named patient and/or guardian has received the following:
Patient Visit Report

Patient Instructions
Aspiration Pneumonia (DC)

RXM Orders

Signature Disclaimer
Please make sure you have read through this information before signing.

I have read and understand the instructions given to me by my caregivers.

Print Patient Name

Patient (or Guardian) Signature

Date

Time

M. / Marayyy

Caregiver/RN/Doctor Signature

Date

Time

DATE: 11/11/16 @ 0049

Mercy Fitzgerald Hospital AOM \*LIVE\*

Ambulatory Prescriptions and Procedures USER: MT

Patient Name: EFUNNUGA, OLUTOKUNBO Admission/Registration Date: 10/07/16

Unit Number: F001250247 Discharge Date: 11/01/16

Account Number: FA1307223089 Admitting Physican: LITTMAN, MARIO, MD Attending Physican: LITTMAN, MARIO, MD Date of Birth: 03/06/1979 Age/Sex: 37 M

Preferred Pharmacy: RITE AID-950 E BALTIMORE PK 950 EAST BALTIMORE PIKE YEADON, PA 19

Phone: (610)622-3795 Fax: (610)622-4500 Mail Order: N ITC: N Specialty: N 24Hrs: N eRx: Y EPCS: Y

PAGE 1

## Prescriptions

Clotrimazole (Clotrimazole) 10 Mg Troche 10 MG MUCOUS MEM 5 TIMES DAILY 28 Days Rx# 0000000183 Days: 28 Refills: 0 Entered Date: Oct 31, 2016 Compound Med: No Ordering Provider: JADHGA Location: FI4PVA Diagnosis:

Latanoprost (Latanoprost) 2.5 Ml Drops 1 DROP BOTH EYES EVERY EVENING 28 Days

Rx# 0000000184 Days: 28 Refills: 0 DROPS

Entered Date: Oct 31, 2016 Compound Med: No

Instructions: 2.5 ML

Ordering Provider: JADHGA Location: FI4PVA

Diagnosis:

Metoprolol Tartrate (Metoprolol Tartrate) 25 Mg Tablet

6.25 MG ORAL EVERY 12 HOURS 30 Days

Rx# 0000001015 Days: 30 Refills: 0 TARLET

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

Thera (Multivitamin, Therapeutic) 1 Tab Tablet

1 TAB ORAL DAILY 30 Days

Rx# 0000001016 Days: 30 Refills: 0 TABLET

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

Vitamin B-1 (Thiamine HCl) 100 Mg Tablet

100 MG ORAL DAILY 30 Days

Rx# 0000001017 Days: 30 Refills: 0 TABLET

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

traMADol HCl (traMADol HCl) 50 Mg Tablet

50 MG ORAL EVERY 4 HOURS As needed for SEVERE PAIN 20 Days

Rx# 0000001018 Days: 20 Refills: 0 TABLET

Entered Date: Nov 1, 2016 Compound Med: No

Control Schedule: 4

Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

DATE: 11/11/16 @ 0049 Mercy Fitzgerald Hospital AOM \*LIVE\* PAGE 2

USER: MT Ambulatory Prescriptions and Procedures

Patient Name: EFUNNUGA, OLUTOKUNBO Admission/Registration Date: 10/07/16

Unit Number: F001250247 Discharge Date: 11/01/16

Account Number: FA1307223089 Admitting Physican: LITTMAN, MARIO, MD Date of Birth: 03/06/1979 Age/Sex: 37 M Attending Physican: LITTMAN, MARIO, MD

risperiDONE (risperiDONE) 2 Mg Tablet

2 MG ORAL TWICE A DAY 30 Days Rx# 0000001019 Days: 30 Refills: 0 TABLET

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

Folic Acid (Folic Acid) 1 Mg Tablet

1 MG ORAL DAILY 30 Days

Rx# 0000001020 Days: 30 Refills: 0 TABLET

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

Cephalexin (Cephalexin) 500 Mg Capsule 500 MG ORAL EVERY 8 HOURS 14 Days

Rm# 0000001021 Days: 14 Refills: 0 CAPSULE

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA Diagnosis:

Latanoprost (Latanoprost) 2.5 M1 Drops 1 DROP BOTH EYES EVERY EVENING 30 Days Rx# 0000001023 Days: 30 Refills: 0

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

Clotrimazole (Clotrimazole) 10 M1 Solution 1 APPLIC TOPICAL 5 TIMES DAILY 30 Days

Rx# 0000001024 Days: 30 Refills: 0 SOLUTION

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

<u>Referrals</u>

Internal Medic Ref

In 14 Days

To Practice:

To Provider:

Referral Authorization Date:

Referral Expiration Date:

Referral Type:

Diagnosis:

# OF VISITS:

Active

Sheth,∀ishad M Md

## Case 2:18-cv-00924-PD Document 15-7 Filed 05/03/18 Page 67 of 67

DATE: 11/11/16 @ 0049 Mercy Fitzgerald Hospital AOM \*LIVE\* PAGE 3
USER: MT Ambulatory Prescriptions and Procedures

Patient Name: EFUNNUGA, OLUTOKUNBO Admission/Registration Date: 10/07/16

Unit Number: F001250247 Discharge Date: 11/01/16

Account Number: FA1307223089 Admitting Physican: LITTMAN, MARIO, MD Date of Birth: 03/06/1979 Age/Sex: 37 M Attending Physican: LITTMAN, MARIO, MD

Cardiovasc Surg Ref

In 20 Days To Practice:

To Provider: Shariff, Haji M Md Referral Authorization Date: Referral Expiration Date

Referral Type: Diagnosis: # OF VISITS:

Active Sheth, Vishad M Md

Infectious Dis Ref

In 21 Days To Practice: To Provider:

Referral Authorization Date: Referral Expiration Date:

Referral Type: Diagnosis

# OF VISITS: Active Sheth, Vishad M Md

Discontinued Prescriptions

Flagyl (metroNIDAZOLE) 500 Mg Tablet 500 MG ORAL TWICE A DAY 7 Days

Rx# 0000001022 Days: 7 Refills: 0 TABLET

Entered Date: Nov 1, 2016 Compound Med: No Ordering Provider: SHETVI Location: FI4PVA

Diagnosis:

Discontinued Reported Medications

Xalatan (Latanoprost) 2.5 Ml Drops 1 DROP BOTH EYES EVERY EVENING

Refills: 0 Date: Oct 7, 2016 DROPS

Instructions: 2.5 ML Location: FISICU Diagnosis: